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*Portrait of Dr. Daniel Allan MacPherson
(See article on page 12)*

the

Bulletin

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THE BULLETIN

of the School of Medicine
of the University of North Carolina

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and the Medical Foundation of North Carolina, Inc.

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October, 1961

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A Message from The Dean's Office

The Over-riding Importance of Voting for the Bond Election on November 7, 1961

For the past two years, the greatest single need of the University Medical Center, that of buildings, additional space—and the reasons this need is so critical—has been presented at every opportunity to Alumni, to members of the Medical Parents Club, and to friends of the University and the Medical School throughout the State.

The General Assembly of 1961 approved an item of \$2,000,000 labelled "addition to the Health Center" in the University's request for buildings, to be voted on in the November 7th Bond Election. For the University at Chapel Hill, the total funds for buildings sought in the bond issue total slightly less than \$6,000,000. It is urgently requested that alumni, parents, and friends work actively in behalf of this bond election in your communities throughout the State.

Among all its needs for buildings, the University has given that of the Medical Center a high priority. It is hoped that if the \$2,000,000 requested becomes available on the approval of the bond issue, this "seed money" for construction can be substantially increased by funds from corporations, foundations, individuals, and several Federal granting agencies. The total of these funds from the various sources would provide very material relief from the present critical space shortage within the next few years and would provide the opportunity for the existing potential of the Medical Center to develop and expand in teaching, research, and patient care. This would include:

1. A new and modernly planned Ambulatory Patient Unit to the south of the present main hospital, which would provide, in addition to adequate facilities for the care of all outpatients,
 - a. Supporting clinical laboratory services;
 - b. Well-planned space for implementing the concept of graded patient care as a part of the teaching and patient service opportunity of a university medical center; and
 - c. More adequate facilities for a comprehensive rehabilitation program.
2. The installation of a Cobalt or High Energy Radiation Unit essential for the treatment of various types of malignant disease.
3. A floor to provide a permanent location for the Clinical Research Unit and the Hematology and Thrombosis Research Unit, support of which has been provided for a period of seven years.
4. Space for faculty offices and research laboratories.
5. More adequate provision for the teaching and research activities of the Basic Science Departments.
6. Expansion of the Medical Library.

It is essential for the future of this Medical School and Hospital (the Medical Center of the University) that some hope of immediate relief from the critical space shortage be provided—without this, deterioration is inevitable.

The 1961 school session is off to a good beginning. The freshman class is not only the largest, but, most important, it would appear to be the most promising in recent years. Although to date funds for only one new faculty position have been made available from funds appropriated by the 1961 General Assembly, most of the existing faculty positions vacated by resignations during the past year or more have been filled and happily by very able people in both the Basic Science and Clinical Departments. These include in:

- Bacteriology—Dr. Harry Gooder
- Biochemistry—Dr. Claude McClure
- Medicine —Dr. Clayton E. Wheeler, Jr. (Dermatology), arriving later in the fall.
 - Dr. Donald C Abele (Dermatology)
 - Dr. Charles E. Morris (Neurology)
- Pathology —Dr. George D. Penick, Class of '44, returning in February on a full-time basis as Associate Professor of Pathology and Director of the new Hematology and Thrombosis Unit.
- Pediatrics —Dr. Wallace A. Clyde, Jr.
 - Dr. Charles I. Sheaffer
- Physiology —Dr. Herman A. Riersen
- Psychiatry —Dr. Marilyn Erickson
 - Dr. David P. Freeman
 - Dr. Robert B. Hughes
 - Dr. Francis J. Kane
 - Dr. Rex W. Speers
 - Dr. R. E. Fox
 - Dr. Marianne S. Breslin
- Radiology —Dr. Reed P. Rice
 - Dr. Everett H. Schultz—Chief Resident in Radiology in 1957.
- Surgery —Dr. G. T. Kiffney, Jr., full time in Ophthalmology
 - Dr. George Johnson, Jr., Class of '50, full time in Thoracic Surgery.

The renovation of 3 East for conversion of this ward into a modern Acute or Special Care Unit has moved more slowly than hoped for in the spring, but it is anticipated that it will be ready for occupancy by the end of 1961. The conversion of 5 South into temporary quarters for the institutional Clinical Research Unit (initially 10 beds) is on schedule and should be completed by early January. These two projects will increase the bed capacity by 40.

Plans are under way for the enclosing of the West Wing of the Seventh Floor (Pediatrics) to provide 12 additional beds in a modernly arranged isolation unit. Funds for this project were made possible by (1) a gift from the Sigma Sigma Sigma Sorority, a group which has already contributed so much to improving the physical facilities of the Pediatric Floor, by (2) \$25,000 from the State, and by (3) matching funds from the North Carolina Medical Care Commission.

These renovations and additions, while of very real value, are relatively small in terms of outlay of funds, and especially of State funds. No actual

increase in total space will be provided except by the enclosure of the 7 West Porch. No relief is provided for the urgent needs presented above, which can only be achieved by the aid of relatively large sums of money from the State, from private sources, and from Federal matching funds. The key to this is the \$2,000,000 item in the Bond Election.

Above all, remember to work in every possible way for the University's needs in the Bond Election on November 7. It may well be that this can be one of your greatest contributions to your alma mater for some time to come.

Cordially yours,

W. R. Berryhill, M.D.
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WILLIAM THORNTON, UNC medical student, whose exhibit on telecardiography won first prize at a student AMA convention.

UNC Medical Exhibit Is Shown At AMA Convention

SOME 25,000 PHYSICIANS saw a prize-winning University of North Carolina School of Medicine exhibit at the national convention of the American Medical Association in New York City.

The exhibit, on telecardiography, was designed by William Thornton of Faison, rising third year student of the UNC School of Medicine.

The exhibit took first prize at a recent Student AMA convention in Chicago and an award of \$500. Because of this, it was shown at the national AMA convention by invitation.

Telecardiography is the process in which the functions of the human heart may be read and recorded by physicians without being in direct contact with the patient.

The exhibit consisted of a figure of a patient wearing what amounts to a small radio station. This is about the size of a package of cigarettes. This small "radio station" picks up and broadcasts the sounds of the heart.

A receiving set, much like the radio in every home, picks up these heart impulses, and may record them in a number of methods.

The impulses may be recorded on an oscilloscope, which gives an instantaneous visual picture of the heart's action on a TV-like screen.



Honoring A Distinguished Teacher

by ROBERT A. BARTHOLOMEW*

A PORTRAIT of a veteran faculty member, well loved by physicians throughout the state, was presented to the University of North Carolina School of Medicine Friday, April 14.

The painting was one of Dr. Daniel A. MacPherson, professor and head of the UNC Department of Bacteriology.

For nearly four decades, since 1923, Dr. MacPherson has been on the faculty of the Medical School. During this time he has taught a goodly proportion of the men and women who now practice medicine in the Tar Heel state.

The presentation of the portrait was made by Dr. Roy B. McKnight of Charlotte, who was chairman of a committee that was formed to have the portrait painted. Others who made the portrait possible were members of the faculty and friends of Dr. MacPherson.

Dr. W. Reece Berryhill, dean of the School of Medicine, accepted the portrait on behalf of the Medical School.

In his presentation speech, Dr. McKnight touched on many of the highlights of Dr. MacPherson's career:

"In 1923 a young man whose roots were deeply imbedded in North Carolina returned very close to the original home of his Scottish forebears. Prior to our Civil War, a Scot immigrant left his native Invernesshire and established a home here in Moore County near Sanford. This immigrant had a son, a skilled cabinet maker, who located in Durham where he did fancy cabinet work, not only for private customers, but also for many of the churches and public buildings there. Pay was much higher up north, so he moved to Providence, R. I., and there met and married a Scottish-Canadian girl. He who heads the Department of Bacteriology and is honored today is the only child of this union.

"Born and reared in Providence, Mac received his elementary education in the public schools of that city and in 1915 entered Brown University where he majored in biology. World War I interrupted his college career and he enlisted in the Army Medical Corps. During this tenure he was fortunate enough to be associ-

* Mr. Bartholomew is Public Information Director of the U.N.C. Division of Health Affairs.

ated for a while with Dr. Winternitz at Yale University. After separation from the service he returned to Brown University where he graduated with a Ph.B. degree. While at Brown, he was active in such extracurricular activities as the University band, orchestra and glee club, and became a member of Alpha Tau Omega Fraternity. His interest in biology, particularly bacteriology, grew and he remained at Brown for his M.S. degree in bacteriology. Dr. E. O. Jordan, the eminent bacteriologist of the University of Chicago, offered him a fellowship in bacteriology which was promptly accepted and he began work there for his doctorate. Again his work was interrupted temporarily by the unusual opportunity to work at the Rockefeller Institute for Medical Research with the great Noguchi. The purpose of this work was to prepare an expedition to the African Gold Coast to further Dr. Noguchi's studies in yellow fever. In the meanwhile another young bacteriologist, supposedly immunized against yellow fever with the Noguchi vaccine, was sent to Mexico for practical preliminary field work among some suspected cases of yellow fever. He died there of this disease and as a result the African expedition, of which Dr. MacPherson was to have been a member, was postponed. Later Dr. Noguchi did make the African trip and succumbed a martyr to yellow fever. So it may

*"Honoring
A
Distinguished
Professor"*



be that this is how close we came to never having Dr. MacPherson with us. He left the Rockefeller Institute and returned to Chicago where he earned his Ph.D. degree.

"It was in 1923 when Dr. J. B. Bullitt wrote Dr. Gideon Wells, Professor of Pathology at the University of Chicago, asking him to recommend a young man to join him in that department at Chapel Hill. His duties were to be explicit—just to institute a modern course in pathogenic bacteriology and establish an independent Department of Bacteriology on a little less than three thousand dollars—not per week or per month, but per annum! Mac accepted this challenge and returned to his parental home.

"In 1924 he married Elizabeth Clara Wolf of New York City who is his devoted wife and mother of their son, Carl Allan MacPherson, a graduate of the University and one of the maintenance engineers at the U.N.C. electronic computer.

"Dr. MacPherson holds membership in the Sigma Xi Scientific Fraternity, the Society of American Bacteriologists, the North Carolina Society of Bacteriologists (past president), the American Association for the Advancement of Science, the American Public Health Association and others. He is a fellow of the American Academy of Microbiology. But the two honors of which he is inordinately proud are the Distinguished Service Award by the Faculty of the University of North Carolina School of Medicine and that of honorary alumnus and honorary membership in the U.N.C. Medical Alumni. These are the only certificates hanging in his office.

"He is a musician of note and plays first violin in the North Carolina Symphony and the Little Symphony Orchestras. For thirty years he has been a first violinist in the University Symphony Orchestra. That's not all! He is adept at woodcarving and photography.

"These, ladies and gentlemen, are some of the reasons we honor this distinguished professor today."

On accepting the portrait on behalf of the School of Medicine, Dean W. Reece Berryhill said:

"Mr. Chairman, on behalf of the School of Medicine and the University I'm honored and pleased to accept this portrait made possible by the continuing gratitude and affection of the students and friends of Daniel Allan MacPherson. His efforts, his standards and his integrity, as these have affected and will continue to affect future generations of students, constitute a living

(Continued on page 35)



The Clinical Research Unit

by WALTER HOLLANDER, JR., M.D.*

IN THE YEARS SINCE WORLD WAR II, there have been important advances in the techniques applied to medical research and major contributions to our knowledge and understanding of health and disease. Paradoxically, however, this period has been one in which many able medical investigators have felt increasingly frustrated in their attempts to study human disease in its natural setting, the patient. This in no sense reflects a diminished interest in the problems of human disease; rather, it is, to a considerable extent, an inevitable and somewhat unfortunate by-product of the fact that, as medical "science" has become more sophisticated and truly scientific in the best sense of the word, medical investigators have increasingly demanded the highest possible precision in their research activities. Laboratory methods and instruments have provided greater and greater accuracy of measurement, and increased familiarity with statistical analysis has alerted both the investigator and the practicing physician to the pitfalls of inadequately controlled experiments; hence, neither the investigator nor those who read his reports are satisfied with results which fail to provide reasonably certain

* Dr. Hollander is Associate Professor of Medicine and Director, Clinical Research Unit, U.N.C. School of Medicine.

answers to questions under study. Unfortunately, as has been well documented in many institutions, research studies undertaken on sick people in the setting of the usual busy hospital floor often cannot be performed with the care and control required for results to be interpretable with any such reasonable certainty.

Research utilizing experimental animals and laboratory research *in vitro* are both unquestionably essential for the ultimate solution of most health problems. It is equally true, however, that these should complement rather than substitute for the careful study of normal and sick people, since understanding and cure of disease come far more surely from the vigorous pursuit of all three approaches than from any one or two alone. Hence, it is vitally important that the patient and his illness remain the subject of high quality clinical research and that such research keep pace with and make use of the rapid advances being made in biochemistry, physiology and the other so-called basic medical sciences. Except for a few hospitals with privately endowed research wards, such as the Massachusetts General Hospital with its Ward 4, and several hospitals devoted entirely to research, such as the Rockefeller Institute Hospital in New York and the

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Clinical Center of the National Institutes of Health in Bethesda, appropriate facilities for this purpose are very scarce; the costs involved are prohibitively high for most institutions, and patients can rarely pay for the longer periods of hospitalization which are usually necessary. That many sick people are willing and eager to participate in the advance of medical knowledge by giving their time and cooperation as subjects for clinical research is in itself extremely fortunate, and it is unreasonable (and usually impossible) for these same people to bear the extra financial burden involved. Recognizing these problems, the United States Congress in 1959 authorized the National Institutes of Health of the United States Public Health Service to make grants to selected medical institutions for the purpose of developing and maintaining clinical research facilities within existing hospitals. The first such grants were awarded in 1960—to 18 institutions throughout the United States—and the University of North Carolina School of Medicine was among this group.

This institutional grant to the University of North Carolina School of Medicine, an exciting and highly challenging development for the School, was awarded as a means of enhancing the quality and quantity of clinical investigation by the Medical Faculty. Every member of the Faculty will be privileged to use the Clinical Research Unit provided he (or a co-investigator) is on the attending staff of Memorial Hospital; the purpose of the Unit is to facilitate a wide variety of clinical research projects and is, in no sense, intended for the use of any particular group or department. Operation of the Unit will be the responsibility of a Director (the author) and an Associate Director (Dr. Robert Zeppa, Assistant Professor of Surgery), but the Unit is ultimately controlled by a special Committee appointed by the Dean and currently comprised of seven senior faculty members from as many Departments. This Committee will review all projects proposed for study on the Unit after such studies have been approved by the chairman of the department of which the principal investigator is a member. When projects have been approved by the Committee, suitable patients or subjects, to whom the nature of the study has been fully explained, will be admitted to the Unit on a voluntary basis; while on the Unit, such patients will be under the care of the principal investigator concerned and of his department. Obviously, patients will be admitted to this particular Unit of the Hospital only as participants in clinical research.

The grant from the National Institutes of Health makes all this possible in several ways. Firstly, it provides the funds necessary for renovating and equipping a floor in North Carolina Memorial Hospital in order to convert it into a clinical research unit. The particular floor is 5-South, formerly a part of the Department of Psychiatry but very generously relinquished by that Department so that the School could have this much needed facility in the near future rather than having to wait an indefinite number of years before the space for a permanent clinical research unit becomes available in new construction. The renovation now under way and scheduled for completion in November, 1961, will make it possible to provide optimal care for and to carry out meticulous studies on ten patients with a wide variety of disorders; both adult and pediatric patients will be admitted, and it is anticipated that the capacity may be increased to 12 beds at a later date. These combined objectives, optimal care of the patients and clinical investigation with a high order of precision, would not be possible, however, without a larger than normal staff of skilled, carefully trained nurses and of other professional and non-professional personnel; for this reason, the grant also includes funds with which to supplement the basic hospital staff assigned to the Unit. Finally, the costs to the hospital of maintaining the Unit and of caring for patients on it also are borne by the grant, and while patients are on the Clinical Research Unit, they will not pay for any aspect of their hospitalization or medical care.

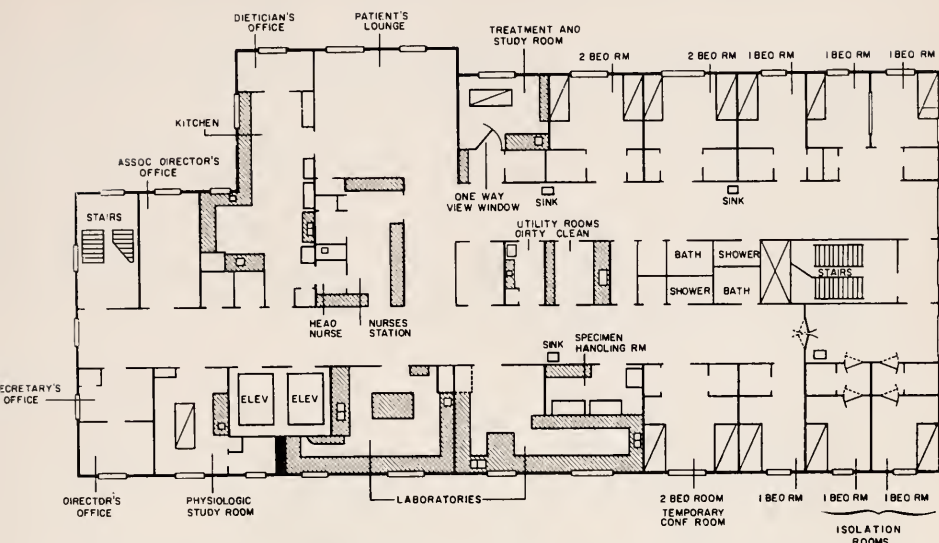
The accompanying floor plan shows how the Clinical Research Unit will appear when it is opened later this winter. If the present renovation schedule prevails, it should be possible to activate the Unit and begin admitting patients by mid-December or early in January.

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FLOOR PLAN CLINICAL RESEARCH UNIT



The physiologic study room shown next to the elevators can be used for acute studies lasting a few hours on patients on the Unit and on outpatients or normal subjects. One room is being equipped to be a treatment room and to serve as an additional study room when needed; it will be arranged so that the investigator and his recording equipment can be in an adjacent observation area invisible to the patient. The kitchen will be considerably larger than the present serving pantries in the South Wing and will be equipped for complete preparation of special diets under the supervision of a research dietitian. The laboratories will be set up for certain chemical, hematological and microbiological determinations which are needed by multiple investigators; however, most research determinations will be carried out in the laboratories of individual investigators and most routine laboratory tests will be performed in the regular hospital laboratories. Refrigerators in the specimen handling room will have adequate capacity to hold specimens on all patients for 24 hours. The two end rooms on the west corridor will be sufficiently isolated to permit hospitalization of infectious patients, two handwashing sinks are being placed in each main corridor, and the air conditioning for the floor has been designed to minimize cross ventilation between rooms.

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A Farewell to Clinical Clerks

by LOUIS G. WELT, M.D.

Presented at Exercises Honoring the Class of 1961 at the University of
North Carolina School of Medicine, June 5, 1961

Dean Berryhill, Reverend Thrasher, colleagues, parents, families, wives, sweethearts, and, most especially, the 1961 graduating class of the School of Medicine of this University, this is a farewell to clinical clerks and a sincerely cordial welcome into the ranks of physicians. You have earned and are now to be awarded the degree which entitles you at long last to be referred to as a doctor. The opportunities that will be available to you to enjoy the fabulous satisfactions of a fruitful professional life are many and obvious. It is, however, important to recognize that as physicians you will have inherited many things. These include the distillation of medical knowledge throughout the ages, which is and always will be available to you for the asking. There will be an ever-expanding series of opportunities to use these data to improve the well-being of the community and the individuals who compose it. But, you have inherited even more—you have inherited a status in our society which is unique in that it commands for you—in an almost automatic fashion—a certain deep respect, trust, and admiration. These inheritances are a consequence of the skills, devotion, toils, kindnesses, thoughtfulness, the integrity, the sum total of the behavior of thousands of physicians and other scientists who have preceded you.

Inheritances should certainly be enjoyed; but if they are to have real significance in a view that has some perspective, they

must not be dissipated but, instead, used wisely and enriched. For if, in fact, this not be done, then the world will not be a better place for your having been here and enjoyed the privilege of serving as a physician.

There are three inheritances alluded to earlier. The first and most obvious is the accumulated body of data which is now available and the new data which will be made available to you as long as time permits. How can you protect this gift? First of all, this inheritance can be enriched by remaining au courant with new data and new interpretations of old data. Its availability is most meaningless if you don't make it your *personal* responsibility to continue to grow and to learn. Among the things other than death and taxes of which you can be assured is the fact that the best understandings and therapies of today will be quickly

(Continued on page 29)

I swear by Apollo the physician . . . to teach this art . . . to abstain from whatever is deleterious and mischievous . . . with purity and with holiness I will pass my life and practice my art.

—HIPPOCRATES



The Class of 1965

by EDWARD MCG. HEDGPETH, M.D.

The group entering Medical School in September, 1961 contains an unusual complement of outstanding students. The high academic accomplishments of this class include qualification by several of its members for Freshman Honors and/or Phi Beta Kappa, and Medical College Admission Test scores averaged better than the national average. In addition, many of these students are remarkably well qualified personally. There are nine Morehead scholars, and three recipients of competitive scholarships from private foundations. The class includes eight sons of physicians, four of whom attended our two-year medical school. There is a prize-winning essayist, who, while holding a part-time job, qualified for admission as a candidate for the degree of B.S. in Medicine after only two calendar years of undergraduate work. Three members of this class are women. A champion swimmer is in the group—and also a concert pianist. Of the sixty-two residents of North Carolina, a third are from small towns or rural areas; we hope that many of these will retain their interest in returning home for their life's work. Certainly, there are more than the usual number of students who give strong promise of combining practice and research. All five out-of-state students attended undergraduate school in Chapel Hill. Their decision to take their medical education here, in spite of discriminatory tuition, suggests that they may well decide to settle permanently in North Carolina.

We recorded an increase in the number of applications received last year—a reversal of the alarming national trend of recent years—and noted an improvement in the qualifications of applicants.

Several superior applicants declined our acceptance in order to attend school with more attractive scholarships, and we will continue to lose students we would like to have until we can become competitive with schools which promise financial assistance at the time of acceptance.

A list of our new students follows.

Class Entering September, 1961

Name	Undergraduate College	Residence
Gerald Leon Adams	Wake Forest College	High Point
Richard Millikan Aderhold	Davidson College	Greensboro
Ernest Gail Barker, Jr.	Univ. of North Carolina	Raleigh
George William Bates	Univ. of North Carolina	Charlotte
James Wayne Battle, Jr.	Univ. of North Carolina	Andrews
Harry Emmanuel Bloom, Jr.	Univ. of North Carolina	Baltimore, Md.

(Continued on Page 26)

Dr. Hedgpeth is Chairman of the Admissions Committee of the U.N.C. School of Medicine.



Some Highlights Of Medical Alumni Day

Beginning top left and reading counter-clockwise: Registration; A Stop for Coffee; Luncheon and Annual Meeting; Students Entertain at Alumni Banquet; Distinguished Service Award Recipients with Chancellor Aycock, banquet speaker; Enjoying Good Fellowship.

Medical Alumni Day for this school year has been scheduled for Friday, March 30, 1962. Make your plans now to attend.





THE CLASS OF 1965 — (Continued from page 23)

Leslie Bernard Branch	Duke University	Durham
Thomas Howard Bridges	Univ. of North Carolina	Shelby
Daniel Elmer Brown	Univ. of North Carolina	Selma
Floyd Talmadge Bryan	Univ. of North Carolina	Ahoskie
James Otis Burke, Jr.	Davidson College	Lexington
Billy Lee Carroll	Univ. of North Carolina	Harrisburg
Silas Bodie Coley, Jr.	Univ. of North Carolina	Raleigh
Hal Franklin Collier	Univ. of North Carolina	Bladenboro
Richard Merrill Doughten	Princeton University	Durham
Balaam Thalphonza Elliott, Jr.	Univ. of North Carolina	Whiteville
Robert Vernon Fulk, Jr.	Univ. of North Carolina	Wilmington
Edgar Givens Gallagher, Jr.	Univ. of North Carolina	Charlotte
Myron Arthur Goodman	Duke University	Salisbury
Charles Pattison Graham, Jr.	Univ. of North Carolina	Wilmington
Robert Lee Grubb, Jr.	Univ. of North Carolina	Charlotte
John Benjamin Hammett	Univ. of North Carolina	Pennsboro, W. Va.
Joe William Hardison	Univ. of North Carolina	Fayetteville
Donald Eugene Harris	Univ. of North Carolina	Rocky Mount
Alexander Clovis Hattaway, III	Davidson College	Rutherfordton
David Charles Hefelfinger	Univ. of North Carolina	Charlotte
Lawrence Dayle Henry	Univ. of North Carolina	Horse Shoe
Edgar Jerome Hocutt	Univ. of North Carolina	Chapel Hill
Howard Holderness, Jr.	Univ. of North Carolina	Greensboro
Stanleigh Edward Jenkins, Jr.	University of the South	Washington
Nancy Elizabeth Jernigan	Univ. of North Carolina	Dunn
Horton Gray Jolly	Univ. of North Carolina	Ayden
John Edward Keiter	Davidson College	Kinston
Robert Thomas Kindley	Emory University	Thomasville
Roy Vernon Land, Jr.	Univ. of North Carolina	Smithfield
William Cleveland Langdon	Univ. of North Carolina	Coats
Richard Edward Lassiter	Univ. of North Carolina	Colerain
Gordon Buck LeGrand	Davidson College	Chapel Hill
Franklin Roland Longenecker, Jr.	Univ. of North Carolina	Wilmington, Del.
Glenn Neil Love	Duke University	Newton
John Peterson Lund	Davidson College	Greensboro
Sue Ellen Massey	Duke University	Smithfield
Hugh Wayne Mayhue	Univ. of North Carolina	Kings Mountain
Hugh Alexander McAllister, Jr.	Davidson College	Lumberton
Edgar Myers McGee	Presbyterian College	Charlotte
James William McGee	Univ. of North Carolina	Greenville
David Gwin McLeod	Univ. of North Carolina	Fayetteville
Donald Drake McNeill, Jr.	Davidson College	Charlotte
Peter Albert Modrow	Univ. of North Carolina	Bloomfield, N. J.
Hugh Grattan Murray, Jr.	Davidson College	Charlotte
Jon Eric Parrish	Univ. of North Carolina	Gastonia
Jesse Robert Peel	Univ. of North Carolina	Everetts
James Laughton Phillips	Univ. of North Carolina	Morehead City
Llewellyn Phillips, II	Univ. of North Carolina	Morehead City
Thomas Lemuel Presson	Univ. of North Carolina	Monroe
Richmond Craig Roberts	Duke University	Leaksville
William Floyd Sayers	Univ. of North Carolina	Gastonia
John Bradley Shinn	Univ. of North Carolina	China Grove
Evin Henderson Sides, III	Wake Forest College	Concord
Sidney Robert Sowers	Davidson College	Statesville
Betty (Greene) Stewart	Univ. of North Carolina	Pavo, Ga.
Williamson Beasley Strum	Wake Forest College	Roxboro
James Harvey Taylor, Jr.	Univ. of North Carolina	Hookerton
Henry Paige Tutt	Univ. of North Carolina	Jacksonville
Ralph Norman Wesley, Jr.	Davidson College	Charlotte
Willis Howard Williams	Univ. of North Carolina	Robbins
John Hubert Womeldorf	Davidson College	High Point

Presenting The Alumni

Dr. George T. Wood Jr.

Dr. Wood is a native North Carolinian, being born in Durham, who received his first two years of medical education at the UNC School of Medicine and his M.D. degree was awarded by Jefferson Medical College of Philadelphia in 1928.

He took postgraduate work at the Germantown Hospital and the Mayo Clinic in the field of surgery and began his practice in High Point in 1934, where he now lives.

He is a fellow in the American College of Surgeons and is a member of other major organizations in his field.

During World War II Dr. Wood was the commanding officer of the Thirty Eighth Evacuation Hospital in Africa and Italy. He was decorated with the United States Legion of Merit, the Medal of War of Brazil and the Military Cross of Valor of Italy.

He is married to the former Miss Harriett Quale of Rochester, Minn., and they are the parents of four sons.

Dr. George T. Wood III is with the Army Medical Corps in Germany and is a graduate of the UNC School of Medicine, Class of '59. Douglas Wood, also a UNC graduate (A.B. degree) of the same year, is on active duty with the Navy. David, the third son, graduated from Guilford, also in 1959, and is in private business. The youngest son, Steve, is in high school and is a ham radio operator.

Dr. Wood was recently named councillor in the Medical Alumni Association and is the class agent for the Class of '26.



SCHOOL OF NURSING TO CELEBRATE TENTH ANNIVERSARY

The University of North Carolina School of Nursing will celebrate its tenth anniversary on November 8 and 9, 1961.

The Wednesday, November 8 program, will include an address on "Unity of Nursing Care," followed by speeches on the place of the humanities, the social sciences, and the biological and physical sciences in professional nursing education. Among the speakers will be Governor Terry Sanford of North Carolina, and Mrs. Lucile Petry Leone, chief nurse officer, United States Public Health Service.

Thursday, November 9, will be Alumnae Day with a business meeting, addresses, class reunion luncheons, and a banquet in honor of the Class of 1956.

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Presenting The Faculty

Dr. Henry Stuart Willis

One might say that the president of the National Tuberculosis Association "is a Tar Heel born and a Tar Heel bred." Born in High Point, educated at the University of North Carolina, superintendent of the North Carolina Sanatorium System and clinical associate professor of medicine at the UNC School of Medicine—he is Dr. Henry Stuart Willis.

Dr. Willis received his A.B. degree here in 1914, a M.D. degree from Johns Hopkins in 1919 and a M.A. degree from the same school in 1920, and was connected with Johns Hopkins in various capacities until 1930.

In the late 1920's he practiced medicine in Baltimore specializing in tuberculosis and diseases of the chest. He joined the staff of Maybury Sanatorium at Northville, Michigan, in 1930 and was made superintendent and medical director of that institution in 1933.

He returned to his native state in 1947 to become superintendent and medical director of the North Carolina Sanatorium System. The headquarters

(Continued on page 35)



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A Farewell to Clinical Clerks

(Continued from Page 22)

replaced by something better. What a pity if you practice in 1981 with only the very best that is known today. Secondly, you can contribute to new knowledge. This will be accomplished in one fashion by a few who make academic medicine a career; but the practitioner whose laboratory is his office and hospital bedside can also contribute careful observations and new ideas, and even more important: he can ask significant questions. Furthermore, by assuming his responsibilities in his medical community, he may influence his colleagues toward more scholarship and a better understanding. And lastly in this category, you can enrich this inheritance by contributing your good will, your time, your influence—yes, and funds to enable the University to fulfill its primary roles more and more effectively.

The second inheritance refers to the opportunity to use available data to improve the individual and community well-being within the context of your professional lives. This is most obviously done by the meticulous attention to the details of your practice. In addition, you may well influence your colleagues by the precept of your own conduct. However, there are other problems which medicine faces today which you must help to solve. The rate of growth of the population and the ability to afford medical care have outpaced the numerical growth of physicians. This has been met in part by the enormous strides in

(Continued on Next Page)



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preventive medicine, by improved and more specific management of disease. More schools will be built, and those institutions now in existence will no doubt be increased in terms of size and enrollment. In addition to this, however, we must always be sensitive to and ready to recognize and examine the possibility of better ways of providing medical care. I don't think we know what these are at this time. But I do believe that the people who are in the best positions to recognize the problems and perhaps think of ways to find answers are those of you who will be actively engaged full-time in the delivery of medical care. The lag between the best that is currently available and that which is currently delivered must somehow be subject to improvement, and it is a responsibility that must be shared in great measure by physicians themselves. If the physician rejects this responsibility, it is likely that those who are less well-equipped to understand the problem will recommend remedial measures which will impose regulations that will depreciate this inheritance.

Lastly, let me speak of one more inheritance—the unique status in our society that is yours. Whether you like it or not, you will be a marked man in your community; you will literally have leadership thrust upon you. What will you do with this special status you have inherited? How will you use it? It is interesting to note that the first definition of the word “doctor” in one of the best dictionaries is “A teacher, instructor, one who inculcates learning, opinion,

(Continued on Next Page)

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and principles." Thus, in both an historical and current sense you have an unusual opportunity to influence your communities.

If you accept this opportunity and responsibility for leadership, you will need great strength. Your careful consideration of a community problem and your decision may make you a lonely man and it takes great courage to be lonely. It is not easy to maintain a position in which you have faith when it is all too obvious that to relax might be more comfortable and even more profitable. It is not easy to voice a dissident sentiment which may isolate you from the conforming group. And yet without courageous men with convictions how could we possibly have prospered? This is certainly not to imply that there is intrinsic virtue in dissidence or non-conformism per se, but to emphasize that when the implementation of your judgments places you in this position, you will need the courage that derives only from integrity and conviction. Moreover, if your decisions arise from careful and thoughtful considerations, they will help to create a climate that is cordial to higher standards even if your specific conclusions are not shared by most of your neighbors.

If you use well the opportunities you have inherited, *you* will surely prosper, your community and nation will be a better place in which to live, and you will have enriched the inheritance of those who are to succeed you. So let me say farewell, clinical clerks, and may you enjoy and enrich your inheritances.

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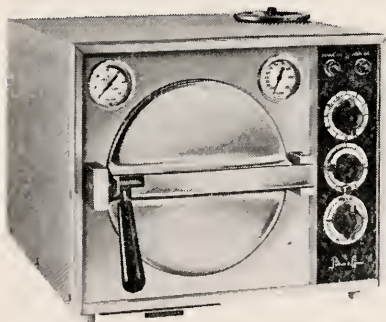
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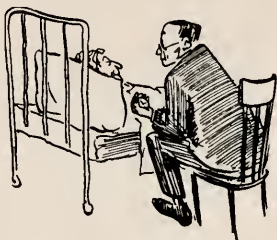
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ALUMNI NEWS ITEMS

1954

Paul H. Brigman, 811 Country Club Drive: Paul has been in general practice in partnership with Bo Averett at High Point for several years. Following graduation he interned at the Allentown Pennsylvania Hospital, Allentown. He and Lois have three children. He attends the Main Street Methodist Church and for his recreation participates in woodworking and boating.

W. Collins Mahaffee, 3905 East Bessemer Ave., Greensboro, N. C.: Following graduation Collins did post graduate work at the Medical college of Virginia and Moses H. Cone Memorial Hospital in Greensboro and since then has been in practice in Greensboro. He has one child. He is a member of the Rotary Club and member of the Board of Directors of the American Association for Crippled Children and Adults. His main recreations are target shooting and photography.

Graham Newton, 4551 Woodland Lane, Charlotte, N. C.: Fig did post graduate work at George Washington University and Duke University Hospitals and has been in practice in Charlotte with Drs. Steiger and Mitchener in the practice of Dermatology. Prior to going into practice, he was on Okinawa for a while as a member of the U. S. Army Medical

Corp. His recreational and church activities are centered around the Presbyterian Church and the enjoyment of music.

Neil Partrick, 615 E. 12th St., Washington, N. C.: Neil interned and did his residence training at Boston City Hospital and North Carolina Memorial Hospital and is currently in practice with Henry Stephenson and Clark Rodman in the practice of internal medicine. He and Mary Elizabeth have three children and his chief recreational activities are those of fishing and hunting.

Charles Robertson, Jr., 815 Rockford Street, Mt. Airy, N. C.: Charlie interned at the Geisinger Memorial Hospital, Danville, Pennsylvania, and then did a year of residency in Medicine at City Memorial Hospital, Winston. He and Lorraine have two children. He is a member of the White Plains Friends Church, the Kiwanis Club, and Mt. Airy Country Club. His chief recreational activity is that of golf.

Nat Swann, 707 Walnut Street, Chattanooga, Tennessee: Nat interned at the Medical College of Virginia and did one year of residency in internal medicine at the same location. He then did a year at the Boston Veterans Administration Hospital and then the third year was at Crile Veterans Hos-
(Continued on next page)

Edited by Dr. E. Ted Chandler, '55, a member of the Editorial Committee. Additional news items on these and other classes will be continued in the next issue.

pital in Cleveland. He currently is in practice with a group in Chattanooga at Newell Clinic and Hospital. He and Sarah have two children. He has had several publications including some work on "Epidemic Pleurodynia, Orchitis, Myocarditis due to Cox-sackie Virus and Acute Thyroiditis" which is to be published in the future. He is on the staff at several hospitals in Chattanooga as a consultant in cardiology at the Children's Hospital, Rheumatic Heart Clinic. He is director of the Chattanooga Area Heart Association and his biography appeared in the American Men of Medicine, 1961 edition. He is also a member of the Civitan International and Signal Mountain Presbyterian Church.

Durwood Tyndall, 208 N. Herman Street, Goldsboro, N. C.: Durwood has been in general practice since he did his post graduate work at Allentown, Pennsylvania, Hospital. He and his wife Catherine have four children. He is a member of the Jaycee's and on rare occasions has enough free time to play some golf.

1955

P. Z. Dunn, Jr., 942 Davie Avenue, Statesville, N. C.: P. Z. is in practice in Pediatrics with Durham Lewis, Jr. He interned at the Ohio State University Hospital and did residency training at the Baptist Hospital in Winston. He and Mary Ann have four children. He is a member of the Kiwanis Club and Broad Street Methodist Church. His recreational activities center around playing golf whenever he has an opportunity.

Will London, 306 S. Gregson Street, Durham, N. C.: Will is in practice with Drs. A. H. London and G. A. Watson doing Pediatrics in Durham. He interned at the Children's Medical Center, Boston, Mass., and is currently a member of the American Board of Pediatrics. He and Carolyn have two children. They
(Continued on next page)



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attend the Episcopal Church and thus far he has only had time to work around his house with little time for recreational activities though he is currently clinical instructor in Pediatrics at UNC and Duke.

Clarence R. McLain, Jr., 1715 W. 60th Street, Indianapolis 5, Indiana: Mac is in residency training at Indiana University in OB and GYN. He and Dot have three children. He is a member of St. Paul's Episcopal Church and his recreational activities mainly center around playing tennis. Mac had some interesting experiences while in the Air Force at Patrick Air Force Base in Florida. This was the support base for Cape Canaveral and the down range missile operation.

Stewart Mooring, Rutherford Hospital, Rutherfordton, N. C.: Stewart is in the practice of radiology at Rutherfordton following his post graduate training at Memorial Hospital. He and Jackie have two chil-

dren and they recently joined the Presbyterian Church in Rutherfordton. Recreational activities are centered around golf and fishing. He won the Bronze Medal Award for scientific exhibit on Spleen Scanning at the American Roentgen Ray Society Meeting in September, 1960. He is also certified by the American Board of Radiology.

1957

Robert S. Cline, Box 707, Warrenton, N. C.: Bob has been doing general practice in partnership with Joe Allen following his post graduate training at Medical College of South Carolina. He and Martha have two children. He hunts and collects stamps for recreation.

William P. Cornell, 1500 McElderry Street, Baltimore 5, Maryland: Bill did his post graduate training at Johns Hopkins where he won the Roche Award. He and Dot have three children and he fishes for recreation.

Jim Fresh, P. O. Box 3, Wautagh, N. Y.: Jim is resident in Pathology and is currently finishing up, having done part of his post graduate training at UNC and part in New York City. He is a member of AOA and Sigma Xi. He and Frances have one child. He does have occasional time to boat for recreation.

Max Morrison, 1107 Southgate Drive, North Bridge Terrace, Charleston, S. C.: Max did post graduate work at the University of Alabama in Birmingham and North Carolina Memorial Hospital and is currently at the Naval Hospital in Charleston. He and Myrtis are expecting their first child any moment. He plays golf and tennis for recreation.

Jim Thorp, U. S. Naval Hospital, Camp Lejeune, N. C.: Jim is doing OB-GYN with the Navy and this followed his internship at Bethesda and residency at Portsmouth. He and Robin have two children.

(Continued on next page)

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Harvey A. Page, 1304 Kent Street, Durham, N. C.: Harvey has been in practice with Dr. Lewis McKee and Dr. Roy Hare at 731 Broad Street, Durham, following post graduate training at Watts Hospital. He was a winner of the MacNider Award while at UNC. He and Linda have two children and attend the St. Philips Episcopal Church. He belongs to the Kiwanis of Tobaccoland Club. He plays golf for recreation.

Bo Sugg, Department of Surgery, Washington University School of Medicine, St. Louis 10, Mo.: Bo is the chief resident in general surgery, Barnes Hospital and is still single and his recreation is limited to sailing on muddy Mississippi.

Gerald Waggoner, Ft. Williams, South Portland, Maine: Gerald did his post

graduate training at the University Hospital, University of Maryland School of Medicine in Baltimore and is currently an examining physician and post surgeon at Ft. Williams. He and Barbara have two children. He is on the Board of Governor's in Ft. William's Officers Mess and Member of the Cumberland County Medical Association. He fishes and isn't looking forward to any trips abroad with the Army. He plans to return to Carolina to complete residency in internal medicine in the spring of 1962.

David Williams, Laurinburg, N. C.: David is in solo general practice following training at Watts Hospital after graduation. He and Anne have three children. He is a Presbyterian and a member of the Rotary Club and plays golf as his chief recreation.

A GREAT TEACHER

(Continued from page 14)

memorial. At the same time, we are all grateful for this portrait which is such a splendid likeness even to the faint semblance of the devilish smile and twinkle of the eyes of him who has walked so well. I'd like to now introduce a lighter note in this closing paragraph. I should like to quote from a recent issue of the Chapel Hill Weekly, which all of you know and which has great following in this community—it's right interesting. Here's the quote, "Today after nearly forty years of teaching medical school, Dr. MacPherson has 'the look' of a man who has devoted his life to the education of physicians. He has the confidence of his students as well as his colleagues. His white hair and his white close-clipped mustache testify to his years of service. His quick step, steady hand, and twinkling eyes show him to be young at heart, and that we all agree."

DR. WILLIS

(Continued from Page 28)

of the system was at McCain until 1953, and at that time was moved to Gravelly Sanatorium here at the University of North Carolina.

Dr. Willis has held high offices in practically every major organization in America that devotes itself to diseases of the chest. He has been president of the American Trudeau Society as well as vice president and a member of the Council and Executive Committee.

He was both secretary and vice president of the National Tuberculosis Association before he assumed the presidency. From 1947 to 1950 he was chairman of the Tuberculosis Study Section of the U. S. Public Health Service.

Well known as a writer in professional circles, Dr. Willis has published approximately 100 papers in medical journals on tuberculosis and diseases of the chest.

DR. GOTTSCHALK HONORED

It would appear that during the past year Dr. Carl Gottschalk was one of the School of Medicine's busiest faculty members. He spent most of this time in Copenhagen working in the laboratory of Dr. H. H. Ussing, a world-famous authority on the metabolism of cells.

At the same time, he was named a Career Investigator by the American Heart Association, promoted to professor and still found time to lecture on his field of research in Holland, France, Germany, Czechoslovakia, Switzerland and Austria. Last fall he was the Bowditch Lecturer at the annual meetings of the American Physiological Society in San Francisco. According to the Society, "The lecture is given by a young scientist, under 40, who has contributed in a significant way to some phase of physiology."

Dr. Gottschalk is a native of Virginia, received his B.S. degree from Roanoke College and was granted an M.D. degree by the University of Virginia Medical School in 1945. He interned at Boston's Massachusetts General Hospital, and served with the Army Medical Corps from 1946 to 1948, much of the time in the Canadian Arctic doing research on the physiological effects of cold.

During 1948-50 he was a research fellow in the Harvard Medical School's Department of Physiology. From 1950 to 1952 he was in residency at Massachusetts General Hospital.

He joined the UNC School of Medicine in 1952 as a research fellow in cardiology, was made an instructor in medicine in 1953, an assistant professor in 1955 and an associate professor in 1959.

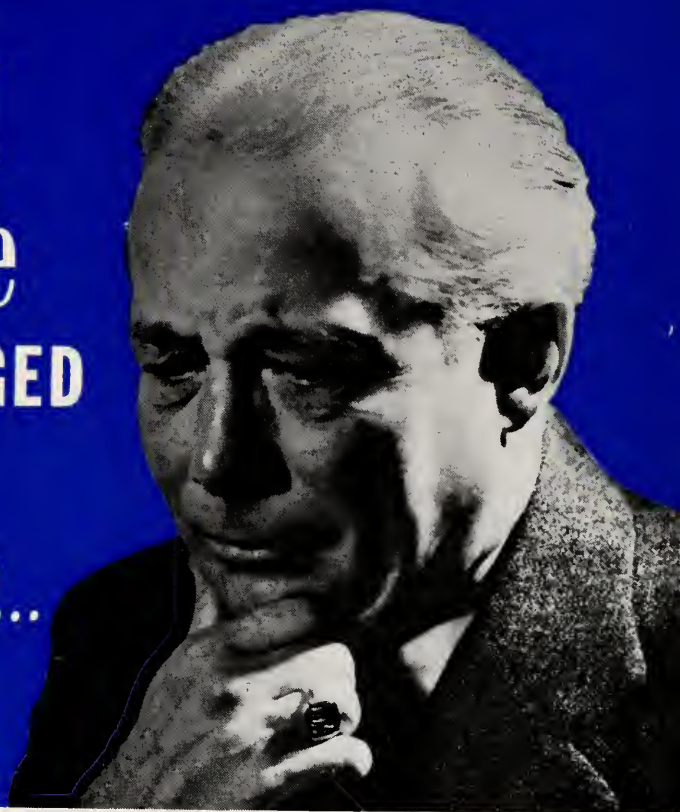
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*Reference: Levy, S., *Pharmacological Treatment of Aged Patients in State Mental Hospitals*, J.A.M.A., 153:14, Pages 1260-1265, Dec. 5, 1953.
Thompson, L., Procter, R., *North Carolina M. F.*, 15:596, 1954.
Thompson, L., Procter, R., *Clin. Med.* 3:325, 1956.



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*Child with kwashiorkor, showing edema of legs and feet, dermatosis, pot-belly, and sagging jaws.
(See Article on Page 7)*

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5,000	10,000 to 20,000	100.00 Weekly	150.00	75.50	200.00	100.50
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of the University of North Carolina

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Author seeing patient. (Interpreter in right foreground.)

An Externship in International Health

By ROBERT L. BROWNING, JR.*

Until October 1, 1960 Nigeria was a British Protectorate in West Africa. On that date it became an independent nation of thirty-five million people with an area about one-third larger than Texas. It was in this country that my wife, Sarah, and I spent the summer of 1961 of our Smith Kline and French Fellowship under the sponsorship of the Baptist Mission Board at the Baptist Hospital in Ogbomosho.

Nigeria is a Federation made up of three regions—the Northern, the Eastern, and the Western. The Prime Minister is from the Northern region which is the largest. The structure of the government is patterned after the British Parliamentary System. Lagos is the capitol or federal district and is the largest closed port on the west coast of Africa. Each region has its own prime minister and government on the regional level with local government administered by the tribal or city chiefs and obas. There are four main tribes: the Ebo, Fulani, Yoruba, and Hausa. There are some 250 other smaller tribes and ten principal languages with scores of lesser dialects. The British began early to prepare these people for independence. They ruled that no white man could own land. There are "Europeans" working in Nigeria, but all are in with some native of the country. The white man is made to feel much at home. The Nigerians are the friendliest people that I have ever met. Everyone

* Mr. Browning, a senior medical student at U.N.C., and his wife, spent three months in Nigeria, West Africa, under the sponsorship of the Smith Kline and French Foundation.

speaks a cheerful "acabo" meaning welcome. The government appears quite stable and the leaders are sincere in pursuing progress toward a higher standard of living for the people.

The medical facilities of the country are administered by the government except for the mission hospitals. As in many areas such as this, however, they are severely lacking in trained physicians with a ratio of only about one per 60,000 as compared to one per 750 in the U.S.

Motor transportation is limited except in the few large cities but the number of cars is increasing rapidly. Most people travel by lorry which is a large enclosed truck with benches in the back. These trucks are used to carry both passengers and freight as they jostle up and down the road with various mottos on their cabs such as: "Live and Let Live," and "Here I Come Oh Lord." Bicycles are a popular means of local travel. There are small donkeys in the North but it is unlawful to have horses or cattle in the South because they provide a reservoir for the dreaded sleeping sickness transmitted from cattle to man by the tsetse fly.

Ogbomosho, the location of my assignment, is located 165 miles inland from the port of Lagos in the heart of Yorubaland and is Nigeria's third largest town with a population of approximately 200,000. It is nothing like a city as we know. There are no houses with more than two stories. Most are mud dwellings with thatched or tin roofs, and there is no pure water supply or sewage disposal. There are no latrines. Electricity came to Ogbomosho in the latter part of August. There are less than two hundred white inhabitants and only a dozen telephones in the city. Most of the people make their living farming or trading. Men do all of the farming with a short-handled hoe which has a shovel-like head, and the women carry the produce balanced neatly on their heads to their homes located in the village or to the market. No one lives out on the farms. The Yoruba are a family and tribe oriented society and live in villages and towns made up of family compounds. The family unit is always considered to have priority over individual interests.

In Ogbomosho there were no large stores similar to ours, but there were numerous small shops that carried only a few items. Most of the trading was from 5:00 to 8:30 at night when the women brought their goods to the marketplace and sold them by the light of a kerosene lantern or crude oil lamp. Nothing has a set price, and it takes much bargaining for the buyer and seller to agree on a price (which is always higher to the "aboe," white man).

Hospital Plan and Facilities

The hospital was begun in 1907 and rebuilt in its present site in 1959. It has 65 ward beds and 25 maternity beds; two operating rooms with an adjoining sterilizing unit; a pharmacy; a laboratory and small blood bank; emergency outpatient surgery room; X-ray unit; large waiting room chapel; and three outpatient rooms for doing dressings, weighing babies, and giving medication. There are seven missionaries on the staff—three doctors, three nurses, and a business manager. There is also a staff of about thirty native workers including midwives, registered nurses, nurses aides, laboratory technician, X-ray technician, cashier, chaplain, and record room personnel. The pediatric, men's and women's ward and operating buildings are built in a quadrangle with the outpatient department at the head of the quadrangle. Each unit has about twenty ward beds and five semiprivate or isolation beds. The wards are about

twenty yards apart and connected by covered walkways. A latrine is attached behind each unit. This plan is required by the Ministry of Health. The maternity wing juts off to one side. The chapel of the old hospital is used for antenatal clinic on Tuesday and Thursday and well-baby clinic on Wednesday. These clinics are run by the nurses and mid-wives. All expectant mothers have the same routine laboratory work and vitamin therapy that they would get in the U.S. They are given antimalarial treatment and checked for intestinal parasites. In the well-baby clinic the children receive DPT, smallpox, polio and BCG immunizations and are given anti-malarial treatment (pyrimethamine). The mothers are instructed about a high protein diet, the necessity of boiling the child's water, and the need for a mosquito net. Any problem cases presenting in these clinics are immediately referred to the doctor.

Two of the doctors operated each morning beginning at 8:15. Ward rounds were made between 6:30 and 8:00 a.m. On Monday, Wednesday, and Friday we saw from two to three hundred patients in the busy outpatient department. A short worship service was held in the chapel each morning for all who wanted to attend. One of the nurses or other members of the staff also had a devotion in each ward.

Outpatient Department

Because of the large number of patients to be seen, Monday, Wednesday and Friday were busy days. The patients came around eight o'clock in the morning. The adults waited in the chapel after having their charts drawn and until they were called by one of the doctors' interpreters. The principal language of the area is Yoruba, but many could speak some English. Each doctor in the clinic had an interpreter to help take a history from the patients. The babies were taken to a nurse's aide who obtained a simple history and took vital signs. Dr. Connell Smith, a board qualified chest surgeon saw the men; Dr. Martha Gilliland saw the women; Dr. Keith Edwards saw the ophthalmology patients and some other adults and children; and I saw adults occasionally, but most of the time I saw the children.

Dr. Gilliland says that the most common complaint with the women is sterility. There is an intense social pressure on the women to bear children lest

One of village water faucets in Ogbomosho.



they be deserted by their Moslem or pagan husband who has several other wives. Pelvic inflammatory disease secondary to untreated natural abortions or gonorrhea account for the majority of the sterility problems. Severe anemia is also quite a common problem with the women during pregnancy. Dr. Gilliland is quite interested in working with patients with vulvovaginal fistulas. To rehabilitate one of these patients is a rewarding experience for the doctor and a great comfort to the patient in a land where divorce is not very difficult.

The most common complaints of the men are secondary to filaria, malaria, or chronic and acute gastritis and duodenal ulcer supposedly partly caused by the ingestion of great quantities of red peppers in their food. Many of the men come in for repair of large inguinal hernias which are repaired one morning and the patient is discharged the next day to return later for removal of the stitches. This early ambulation is successful with most of the surgery patients, and they do remarkably well. One young girl who was afflicted with leprosy and severe pulmonary tuberculosis came in for a pneumonectomy. On the fifth post-op day she was told she could return to the leper colony. Rather than wait for her ride, she got up, dressed and walked home which was about five miles. She is doing well!

By far the most common complaint with the children was severe diarrhea and dehydration. Most of the children were suffering from multiple vitamin deficiencies, especially the B complex, and various degrees of protein malnutrition from mild underweight to the full blown syndrome of Kwashiorkor.

Kwashiorkor was a particular interest of mine since I had planned to write my senior thesis on the disease. It is a fascinating disease which has been shown to be almost entirely due to severe protein malnutrition. Avitaminosis (especially riboflavin) is often associated with the syndrome. In Nigeria the children are breast fed until sometime between two and four years of age with little or no supplementary feeding. When the breast feeding is discontinued the child is given yam, casava (similar to Irish potato) and eko (grits) with little or no protein foods. Protein foods such as meat, eggs, beans, peas, and bananas were readily available but the people were just not accustomed to giving them to the children. On this diet of starchy foods the child's hair gradually turns light brown and he fails to gain weight normally. Then when he contracts acute malaria, measles, or infectious diarrhea he will develop marked pitting edema of his extremities, and his skin becomes dark and begins to scale, giving it the so-called "enamel paint" appearance. His jaws sag and he becomes lethargic with a sickly, whinny cry. Punched out ulcers develop on the feet and legs, and he develops marked diarrhea. If therapy is not begun the child will usually die in 48 hours after the full syndrome develops. When the child was admitted, I drew venous blood for quantitative serum protein determinations and serum electrophoresis. These studies were done by the Department of Pathology at the beautiful new 500-bed University College Hospital at Ibadan. These children were given treatment for malaria, prophylactic antibiotics, dehydration (usually fluids by mouth), B vitamins if evidence of deficiency, and powdered fat free milk which was given to the hospital from the United States surplus.

The hospital did not have kitchen facilities so the mothers fed the children. This gave us an excellent opportunity to teach the mothers how to prepare high protein foods for the children and see the results for themselves. Other pediatric problems seen most were: anemia secondary to poor diet; sickle



Curious children following Sarab in "bush" village near Kanu.

cell disease; hookworm infestation; malaria; tuberculosis; gnomas; typhoid fever; pertussis; otitis media (often tuberculous); measles; scabies; various dermatoses—allergic, bacterial, and fungal; and occasionally smallpox and diphtheria. The worst of all was neonatal tetanus resulting from unsterile deliveries in mud huts with floors made of clay and cow dung. About seven out of ten of these cases were saved. Many mothers have started to bring the newborn to the hospital, and we gave them 1500 units of tetanus antitoxin and dressed the cord. It is interesting to note that the native midwives do not cut the cord until the placenta delivers, and they do not tie it at all!

Inpatient Service

The turnover was quite rapid in most of the wards because the patient's acute condition was treated as rapidly as possible, and he was then discharged and followed in the outpatient department. This was done in order to treat as many patients both medical and surgical as we possibly could. The biggest handicap is the shortage of nurses, but they do quite a good job with the help of two or three ward aides. Sometimes one registered nurse had to cover two wards. No one is allowed to give shots except the registered nurses and an accurate record is kept of all injections.

The pediatric ward contained children up to about seven to ten years old. Only the severe cases were admitted such as diarrhea with severe dehydration; Kwashiorkor; cerebral malaria or malaria with high fever and some associated complicating disease—anemia, diarrhea, malnutrition; sickle cell crisis; gnomas; and nephritis to mention the most common.

The men's ward contained such cases as severe anemias secondary to parasitic infections, tetanus, severe diarrhea, snake bites, fractures, congestive heart failure, urethral strictures, pre- and post-op elective and obstructed inguinal hernias, thoracoplasties and pneumonectomies for tuberculosis, psychiatric problems including schizophrenia, carcinoma of G.I. tract, Hodgkins disease, sickle cell anemia and pre- and post-op duodenal ulcer repairs.

(Continued on page 25)

Biological Transport Mechanisms

Medical Science Lecture Series: 1961

by DR. T. Z. CSAKY, M.D.*

In 1785, just ten years before the University of North Carolina opened its doors to the first students in Chapel Hill, an English physician, William Withering, published a little book entitled "An Account of the Foxglove." This book marked the introduction into therapy of one of our most useful drugs, digitalis, which has prolonged ever since the life of millions of cardiac patients and has alleviated their miseries. About a hundred years later, in 1884, a Viennese ophthalmologist described a revolutionary discovery. He performed surgery on the eye of a patient without causing pain, because a drop of cocaine solution was administered into the eye prior to surgery. This discovery opened up a vast new field in medicine, that of local anesthesia. During the Second World War and ever since, the military medical experts are constantly warning us against a most dangerous war-poison: a gas which upon inhalation will completely paralyze individuals. Similar complete paralysis is noticed in food poisoning (botulismus). The toxin of the botulinus bacterium even in extremely minute quantities is capable of completely paralyzing an individual.

What is common in these four apparently entirely different incidents? The common thing is that each of these different substances, namely, digitalis, local anesthetics, nerve gas, and the botulinus toxin, affects primarily the membrane of the cell. This tiny (a few millimicrons thick) organ is extremely important in organizing the functions of the cell and can drastically change the functioning of the entire body. Because of its very minuteness, research on the cell membrane has been rather retarded. Recently, however, due to the introduction of such physical methods as the electron microscope and the radioactive tracer techniques, knowledge of the functions of the membrane has much increased. It is clear now that the excitation of nerve and muscle cells is due entirely to the functions of the membrane. It has been discovered, too, that the membrane can transport actively substances into the inner compartments of the cell or out from the cell into the surroundings. Thus the membrane is responsible for the maintenance of the optimal environment for the functioning of enzymes within the cell. Also, it is being increasingly recognized that many of our most potent drugs act primarily on membranes and that many diseases are intimately connected with impaired function of the cell membranes. Because this field of medicine is so fundamental it was decided that the 1961 Medical Science Lecture Series should be devoted to this subject.

The Lecture Series were established three years ago in order to give students, faculty and house staff a review of the most recent developments in certain fields of medicine. The first series was devoted to medical genetics, the second to viruses and the present series has been devoted to the cellular membrane.

Outstanding scientists in the particular field were invited to give their presentation which has been followed by free discussion from the audience. This

* The author, Dr. Csaky, Associate Professor of Pharmacology, U.N.C. School of Medicine, will on January 1, 1962, assume his new post as Professor of Pharmacology and Chairman of the Department of Pharmacology, at the University of Kentucky School of Medicine.

year, in addition to many outstanding American scientists, three overseas research workers participated in the program: Professor J. F. Danielli of the University of London, Dr. Richard D. Keynes of the Physiology Department of Agricultural Research Council in Cambridge, England, and Dr. Stephen Thesleff of the University of Lund, Sweden.

The following is a brief outline of this year's series: The introductory lecture was given by Dr. T. Z. Csaky of the University of North Carolina. Dr. Csaky discussed the general properties of the cell membrane using as illustration some recent work from his own laboratory. This was followed by a lecture by Dr. J. David Robertson of Harvard University who gave a presentation on the ultrastructure of the membrane as seen through the electron microscope. The third speaker, Dr. H. Stanley Bennett, Dean of the University of Chicago Medical School, discussed the interesting fact that membranes can move, and by their movement they can carry certain substances into the cell or across the cell. This for instance is one of the ways by which large protein molecules are absorbed from the alimentary canal and may cause food allergy. The following lecturer was Professor Danielli of London who discussed certain physical aspects of the specific transport, particularly the reaction between the membrane and the substance which is being transported. Dr. Alexander Leaf of Harvard University then discussed the important aspects of transport of ions across biological membranes, and Dr. Halvor Christensen of the University of Michigan discussed the uptake of amino acids as regulated by the function of the membrane. A presentation of Dr. Sarah A. Luse of Washington University

The author, Dr. Richard Keynes of Cambridge, England, and Dr. Norman Allen.



School of Medicine threw light upon some most recent developments concerning the blood-brain barrier. Contrary to previous belief that some peculiarity in the brain capillaries causes the barrier-like behavior, Dr. Luse, using electron microscopic pictures, pointed out that it is actually the glia cells which build a bridge between the capillary and the brain cells and actively transport substances from the blood to the brain cells. Dr. Richard Keynes, the following speaker, discussed some interesting aspects of the function of muscle and the electric organ. Both depend upon the ion "pumping" action of the membrane to develop electric potential. Dr. Thesleff discussed the effect of innervation upon the chemical sensitivity of muscle. This was followed by a lecture of Dr. David Nachmansohn of Columbia University on his widely known work on chemical control of ion movements during nerve activity. The series closed on December 16 by a presentation by Dr. Donald B. Tower of the National Institute of Neurological Diseases and Blindness.

The Medical Science Lecture Series exemplifies the way by which this kind of extracurricular activity can supplement the regular curriculum. Most of the problems which have been discussed in the course of this Medical Lecture Series are too recent to be included in the regular textbooks or the regular curriculum. Yet, it is important that future doctors and the faculty should be familiar with such major developments in the field of biological science.

As in the past, the current Lecture Series this year was sponsored by Medical Education for National Defense.

The attendance of these lectures was remarkably good. In most instances the audience filled the big clinic auditorium to capacity and scientists from other departments on the campus as well as from neighboring institutions were often present.

Two-way Medical Conference Inaugurated

The new program of two-way medical conferences was inaugurated on December 5 with nine local medical groups participating. There had been delay in receiving some essential items of equipment for the radio transmitter, so the first three broadcasts made use of WUNC-TV's channel 4. The first session was moderated by Dr. Frank M. Woolsey, Jr., Associate Dean of Albany Medical College, who originated the idea of two-way medical conferences by radio. Chancellor W. B. Aycock, Dean W. R. Berryhill, and Dr. Fred M. Richardson, Coordinator of Professional Services for Pennsylvania Hospital, Philadelphia, made brief comments.

The programs will be broadcast weekly through May 1 over WUNC-FM, 91.5 megacycles.

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The Whitehead Society is the student government organization of the University of North Carolina School of Medicine and all members of the Medical School student body are members of the Whitehead Society. It was founded in 1908, and was named for Richard H. Whitehead, first dean of the School of Medicine. The executive body of the Society is called the Whitehead Council and is composed of the officers of the Society, the class presidents, and an elected representative from each class.

One of the most important duties of the Whitehead Society is to plan and conduct an orientation program for the entering first year class each fall. An integral part of this program is the Whitehead Lecture which may be looked upon as its "keynote address." This lecture is given each year by a member of the faculty of the School of Medicine who is selected for this honor by the Whitehead Council.

The Whitehead Lecture for the year 1961-1962 was given by Dr. Thomas B. Barnett, Associate Professor of Medicine.

—Glenn Pickard, President, Whitehead Society, 1961-1962

THE WHITEHEAD LECTURE

by THOMAS B. BARNETT, M.D.

September 13, 1961

We have heard and read much in recent years under such titles as "The Crisis in American Medicine," "Medicine at the Crossroads," and the like. With very few exceptions these deal with problems facing the medical profession in general and which for the most part are quantitative although it is implied that their solution will have a generally favorable effect on the quality of medical care. These have to do with the shortage of doctors, inadequate numbers of medical schools, and ways of financing medical care. These are problems of great magnitude which you as individuals and as future members of medical groups must inevitably come to grips with. Let us hope and pray that you do so without bias, with courage, and with wisdom. As great as these problems are there is another problem, or better we should call it a challenge, which in my opinion is of far greater importance than any of those mentioned, one which seems particularly appropriate to this occasion. This challenge is more of an individual matter and has to do with qualitative rather than quantitative considerations. It should concern you, and all of us who are students of medicine, very deeply.



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A few years ago, Dr. Robert Oppenheimer gave the McNair Lecture here at the University of North Carolina. In the course of this discussion of "Science and Culture" he made the following prediction, "I have the strong conviction, and this is not to sell my own subject, physics, short, that in the decades in the half century ahead the discoveries about life, the discoveries in the many parts of biology, will have the breath-taking quality, not the same quality, but the same breath-taking quality, and the same sense of great wonder and unsuspected order and subtlety that we have had in the physical world. This has begun, it is well entrained; but I believe that for most of you who may live fifty years to see it you will have to hold your hats with what is learned in that time ahead."

Now here is the real challenge facing the medical profession—how can we as students and teachers of medicine see to it that these fabulous advances in the biological sciences and in those areas so essential to an understanding of human biology, namely the physical and behavioral sciences, shall have an appropriate influence on medical practice? This explosive increase in knowledge of medical science must enrich our clinical activities and bring levels of excellence never achieved before. If we fail, and, insofar as we fail to meet this challenge, we may become like *The Man Who Feels Left Behind*. Gerald Johnson, the journalist and former faculty member of this University who is the author of a book bearing this title has a vivid description of such a man: "Like an old-time cavalry man," he says, "the intelligent but untutored man sees the battle of ideas whirling away toward the horizon while he is left behind amid the wreckage of exploded theories and a litter of axioms dead or maimed."

How can we best meet this challenge? There are some American medical educators who seriously doubt the ability of the average student and practitioner of medicine to become more than very superficially acquainted with the basic medical sciences and who feel that we should turn out relatively large numbers of physicians trained in the practical skills of caring for the ill and that a selected few destined to be specialists should devote sufficient time to study of the scientific basis for their particular specialty. I find it difficult to believe that such a turn toward planned mediocrity can furnish the best answer to the problems facing us when the future holds such great possibilities for excellence. I may be overly optimistic but I think those who suggest such steps have underestimated the capabilities of the human intellect and of young people like you before me here.

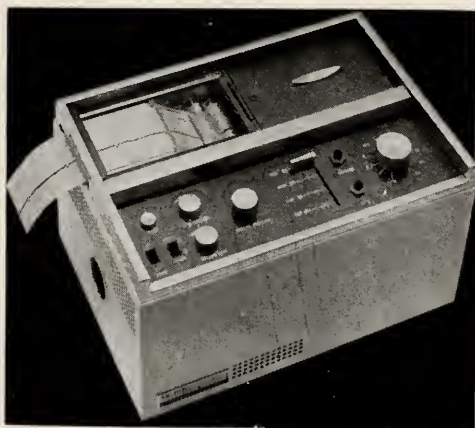
We might consider another and happier solution to our problem in the suggestion that, rather than calling for greater effort on the part of the student and practitioner of medicine, the advances in medicine soon will bring an end miraculously to our major diseases and that there will then be no problem. We have already seen this bright and shining bubble burst. One has only to consider the new health problems associated with the use of the medicines designed to control the old ones and others so clearly related to so-called progress as radiation fall-out and other forms of air-pollution to conclude that this obviously is not the answer.

What about the machines? More and more we hear of the application of electronic devices to clinical medicine—the computers and other instruments that have revolutionized certain aspects of medical research and have accomplished such amazing feats of processing data of all sorts. There is no doubt in my mind but what many more complex instruments will be found

helpful—even indispensable in the clinical medicine of the future and that all of us will need to acquire skills in their use. You can be sure, however, that being a good instrument man will not assure anyone of being a good physician any more than this alone makes for a good medical investigator. That fools can be taught to use machines must by now be obvious and the results of this situation are at times catastrophic.

If neither machines, miracles nor an acceptance of mediocrity offers a satisfactory solution to our problem—then what does? As teachers of medicine we have a great deal to do. We must continue to examine and attempt to improve our methods of teaching in medical school proper, we must work more closely with those responsible for premedical education and at the same time develop really effective techniques for the continuing education of the graduate physician. All these things, critical as they are, are subjects for other lectures on other occasions. What can you do individually as students of medicine? I have no formula, no simple guide to medical learning, no new and easy answers to this question. The answer lies first of all in realizing the nature and the magnitude of the challenge. You must recognize your ignorance and be constantly open to its correction. You must develop an aptitude for the systematic acquisition of knowledge, the weighing and evaluation of information, this is the scientific method. Along with all this must come an ability to be discriminating and critical and to distinguish between the valid and the invalid.

Learn to accept differences of opinion. Remember that few things relating to medicine, or to any other area of knowledge, are settled and final. Beware of the dogmatist who insists that something is true simply because he or some



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other "authority" says it is true. At the same time respect the opinion of those more experienced especially when it is clearly labelled as opinion. You must continually strive to sharpen your power of observation and improve your learning techniques. Try to develop habits now that will enable you to keep informed long after this brief episode of formal medical training is passed. Get in the habit *now* of visiting the library regularly for specific information as the need arises and to examine new books and new journals. Follow through on suggested references to classical and outstanding papers and monographs relating to subjects under study. Do not miss the opportunities to acquire knowledge, stimuli and inspiration from distinguished medical scientists who come here frequently to speak. Engage personally in some systematic search for knowledge. What could be better training for a medical practice that is based on medical science than to gain first hand experience with medical investigation! What better way to learn to appreciate, interpret, and judge the reports of work done by others and this you must do.

On the negative side—beware above all else the strong tendency so common among young students of medicine aiming toward the practice of medicine, to insist on an obvious practical application for every bit of knowledge gained. Now there is nothing wrong with searching for information that has a useful application to medicine. The point often missed—and in this day and age one of overwhelming importance—is that knowledge and understanding of a biological process which is not obviously and directly useful may be the basis for a whole new area of therapy or a new approach to diagnosis tomorrow. The difficulty with being scornful of knowledge-for-the-sake-of-knowledge is that it is impossible to tell what knowledge is useless. Dr. Rene Dubos, one of the wisest living men of medicine and medical science, in a recent series of lectures now published in book form makes a disturbingly accurate statement about our concern in medicine with the practical. He says the "physicians and public health officials, like soldiers, are always equipped to fight the last war." We must pray that our soldiers have learned their lesson—we must see to it that we as physicians learn ours.

Up to this point nothing has been said about the "art" of medicine. During the past 10 or 15 years it has been quite fashionable to speak and write on the subject of medical science *versus* the "art" of medicine. It was often assumed that the developments in medical science in some way were responsible for a loss of those characteristics which marked the physician of the past—namely, kindness, understanding, sympathy in dealing skillfully with the sick. It is quite true that some clinical investigators in their intense concentration on some narrow aspect of a clinical problem may tend to ignore the patient's feelings and his need for sympathy and understanding. But can this be blamed on medical science? The most unscientific clinician who focuses only on some small part of a patient's problem is equally guilty in this regard. I am happy to

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report that the illogical argument that medical science is incompatible with humane medical practice seems to have lost some of its appeal and popularity. Let us not, however, conclude that the two—that medical science and the art of medicine—are two separate and unrelated aspects of our professional activities. Fifty years ago Dr. Theodore Janeway pointed out that “the science of disease is the only sure basis for the successful practice of the art of medicine.” How much more true this is today. Surely no one would deny the importance of the clinical skills of the accomplished physician, his ability to deal with all the problems of the patient and his family in a sympathetic, understanding way. There is, however, no reason why a doctor who understands the mechanisms of disease cannot at the same time be an understanding doctor nor why a thinking doctor cannot at the same time be thoughtful. Indeed what more effective way to deal with the human reactions to disease than to be armed with knowledge of the disease itself? Uncertainty and indecisiveness are among the hardest burdens a sick person must bear. What better equipment for these difficult tasks than to understand the scientific basis for disturbed human behavior?

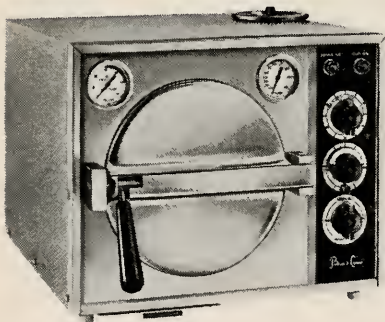
Recently a survey was made in one of our leading universities in an effort to determine the reasons why certain undergraduates initially intending to study medicine failed to continue into medical school. In addition to the usual scholastic and financial difficulties there was a large group who turned away from medicine of their own choice. Two reasons were commonly given: (1)

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Medicine is a second class science; (2) Doctors are no longer the humanitarians they once were. Can it be that both groups have developed these different "images" of our profession not because they are both in error, as we would like to believe, but because they are both to a certain extent true. Can it be that the same physicians who pay too little attention to medical science also pay too little attention to the human side of medicine? On the other hand, when I think of the most able clinicians of my acquaintance I find almost invariably that those whose practice has the soundest basis in medical science are those most skilled in the art of medicine and most humane in dealing with the problems of the sick.

To practice an art without knowledge is the field of the carnival barker who makes his pitch with no knowledge of the neuromuscular mechanisms responsible for the gyrations of his dancing girls and no real understanding of the psychological effects of these movements on his clientele. He may be successful in spite of this lack of knowledge but success to him and to you is—or should be at least—measured by different standards.

Finally I should like to end this Whitehead Lecture, named for a man who probably did more than any other single person to establish the traditions of this medical school where emphasis is on a sound scientific basis for medical practice, by quoting from another of the same name. Although from what we know of Dr. Richard Henry Whitehead he must have thought these thoughts, it was Dr. Alfred North Whitehead—the famous philosopher and mathematician—who summed up so effectively what I have been trying to get across to you tonight: "In the conditions of modern life—the race which does not value trained intelligence is doomed. Not all your heroism, not all your social charm, not all your wit, not all your victories on land or sea, can move back the finger of fate. Today we maintain ourselves. Tomorrow science will have moved forward yet one more step, and there will be no appeal from the judgment which will then be pronounced on the uneducated."

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Presenting The Alumni

H. WILLIAM HARRIS, M.D.

President-elect of the American Thoracic Society and professor and chairman of the Department of Medicine, Woman's Medical College of Pennsylvania, is H. William Harris. Dr. Harris, whose father graduated from the UNC School



of Pharmacy in 1920, is a native of Catawba. A Phi Beta Kappa here, Dr. Harris received his B.A. in Chemistry in 1940 and was enrolled in the UNC School of Medicine, 1940-42.

He received his M.D. (Cum Laude) from the Harvard Medical School in 1943 and completed his internship and residency at Boston City Hospital. He then held a research fellowship at Thorndike Memorial Laboratory until December 30, 1946. Another assignment took him to Bellevue Hospital for a year, after which time he became staff physician at the Gunderson Clinic in Wisconsin.

Dr. Harris entered the army in 1953 (captain) and in time became Chief, Pulmonary Disease Service, at the VA Hospital in Salt Lake City. After discharge he was for five years a faculty member at the University of Utah College of Medicine.

He has served as president of the Utah Trudeau Society and vice-president of the Utah Tuberculosis and Health Association. His wife Margaret is also a physician and they have three sons, ages 10, 8, and 6.

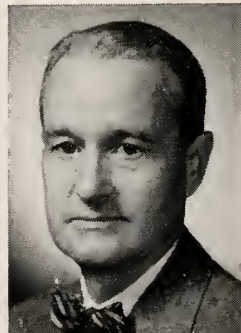
ROBERT W. WILKINS, M.D.

A search by Dr. Robert W. Wilkins, a 1928 graduate of the University of North Carolina, for a drug to alleviate hypertension, is largely credited with ushering in the present era of tranquilizers. His tests of drugs of tranquilizer potential did not begin until 1950 but his interest in hypertension, research orientation, and the use of radiochemistry all began while he was enrolled at UNC. Here, he came under the influence of Dr. William MacNider, the pharmacologist, and became acquainted with the first of the antihypertensive compounds, Veratrum.

Transferring to Harvard Medical School, Dr. Wilkins received his medical degree in 1933, then interned and took residency training at Boston City Hospital where he did research work under Nobel Prize winner, Dr. George R. Minot.

After a year's research in London's National Hospital, he taught for two years at Johns Hopkins, and then in 1940 came to Boston University. He is now Professor of Medicine and Chairman of the Department of Medicine, Director of the Evans Memorial Department of Clinical Research, and Physician-in-Chief, Massachusetts Memorial Hospitals.

(Continued on Page 31)



Presenting The Faculty

JOHN T. SESSIONS, JR., M.D.

An associate professor of medicine here since 1957 and a faculty member (assistant professor) since 1952, Dr. John T. Sessions, Jr., was born in 1922 in Atlanta. He received his B.S. degree from Emory University in 1943 and two years later he secured his M.D. from the Emory University School of Medicine. From 1945 to 1946 he interned at Kings County Hospital in Brooklyn and for the next two years he served with the U.S. Army Medical Corps, rising to the rank of Captain. From 1948 to 1950 he was a resident in medicine at Grady Memorial Hospital of Atlanta. He then joined Evans Memorial Hospital and Boston University School of Medicine as a Research Associate and Assistant in Medicine, in which capacity he remained for two years.

Dr. Sessions is a member of the American Federation for Clinical Research, the American Association for the Study of Liver Disease, the American Association for the Advancement of Science and Sigma Xi.

He is a past winner of "The Professor" award, given by the senior medical class to the faculty member who, in their opinion, contributes most to their medical education. Dr. Sessions' research interests have been in the area of biochemical aspects of liver disease and endocrine effects on digestive physiology.



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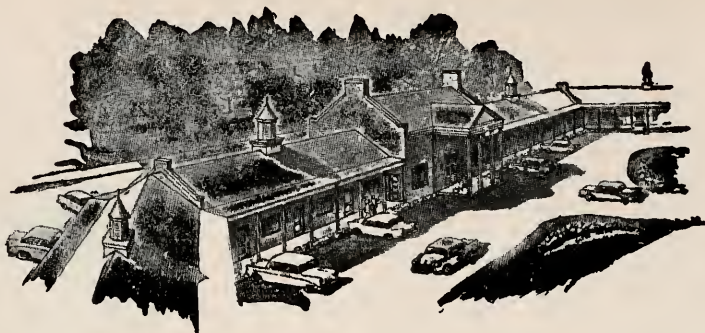
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An Externship In International Health

(Continued from page 11)

The women's ward contained cases similar to the men, but in addition to these one saw post-partum tetanus, severe anemias of pregnancy, ovarian tumors, vulvovaginal fistulas secondary to long, difficult, unassisted labors and corrosive and oxytocic native medicines.

The patients who needed specialized diagnostic procedures or inpatients who were diagnostic or therapeutic problems were referred to the University College Hospital in Ibadan about sixty miles away. Acute traumatic cases or patients needing transfusions of rare type or large quantity could be taken in the hospital station wagon.

When it came time to leave Nigeria many of the people came to ask if we would ever return to Nigeria to help their people's needs. Others asked if we would speak favorably of their country in hopes that others might come. The time had passed so fast and yet we had learned so many things about a fascinating country and its people. Our attachment was great, and it was much harder to leave than I had ever anticipated.

A few impressions from the many that I experienced would seem to be a pertinent conclusion. Being in one of the "New Nations" gives one something of the feeling that probably existed in eighteenth century America. The zeal of nationalism, the pride of progress, slow but evident, the intense desire of a people to learn, and the struggle of foreign powers to obtain favor formed the spirit of this country. Her supply of natural resources, raw materials, and the potential of increased agricultural production being brought about by agrarian reform will rapidly increase this nation's influence in the African and world markets.

Secondly one can not help but be struck with the appalling need in these countries for medical care. The specificity of diagnosis, treatment, and prevention of tropical diseases makes this work very stimulating and rewarding. The opportunities for assistance by one trained in modern medicine are unlimited. Treatment is a dire need of many suffering now but a more complete answer would seem to lie in the development of effective programs of preventive medicine. The great appreciation of these people for medical care provides an excellent opportunity for America and the west to help turn the tide of humanity toward freedom. Dr. Tom Dooley once said that, "as a doctor you must be a part of your time. Isolation and indifference in world affairs are completely past and over. . . . But the world is all lopsided in its distribution of doctors. We young doctors must take the drama of our freedoms (from disease as well as tyranny) that we have received from the past and project it into the future." American medicine cannot neglect its responsibility to the larger world at this time and continue to claim its former birthrights.

My most encouraging impressions came from seeing the work that the missionaries are doing in Nigeria. The leadership they have taken and the positive influence toward progress and freedom they have made in Nigeria is striking. Their schools and churches in the past provided the backbone for the country's educational system today. Many of the present leaders were educated in the mission schools. The spirit of Christianity helped quench the fires of inter-tribal rivalry and lay the foundations for cooperation and brotherhood.

The goal of the mission work is to train the people of the country to take over the medical, educational, and church work for themselves. The missionaries respect and familiarity with the history, customs, tradition, and languages of the people are remarkable. For these reasons I think it was to my great advantage to be able to work at a mission hospital especially since time was short. My impression of the missionaries was well stated by Dennis Osadeby, the Nigerian poet and nationalist politician who wrote: "... the missionary has made African soil fertile for imperialism . . . (but) he has equally helped to lay the foundations for the present spirit of nationalism. . . . When African historians come to write their own account of the adventure of Africa with imperialism they will write of the missionaries as the greatest friends the African had."

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Dr. Verne E. Chaney, Jr., U.N.C. House Staff, 1958, is a member of the Board of Directors of the Dr. Tom Dooley Foundation. The Foundation was formed to carry on the work of the late physician who earned international recognition for his work in Laos. Dr. Chaney's address is 720 Cass Street, Monterey, California.

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ALUMNI NEWS ITEMS

1954

Dave Anderson, 920 Sheridan Street, Laramie, Wyoming: Following completion of OB and Gyn residency at Barnes Hospital in St. Louis, he was in the service for two years as a medical officer in Japan and has been in solo practice of obstetrics and gynecology in Laramie since that time. He is the secretary-treasurer of Albany County Medical Society. He and Martha Frances have three children. He is president of the Grace Baptist Church Men's Fellowship and his recreation time is spent hunting elk and antelope.

Bob Thomas, Medical College of Georgia, Augusta, Georgia: Bob wrote that he was on the full time faculty of the Medical College of Georgia following his postgraduate training at the Bowman Gray School of Medicine, but he failed to include the department of which he was a member. He and Dorothy have four children.

Bill Weinel, Jr., 1320 Hawthorne Road, Wilmington, N. C.: Bill finished his postgraduate training at Carolina Memorial Hospital and Margaret Hague Maternity Hospital in New York and he is in an OB and GYN partnership with Dr. George Johnson in Wilmington. He and Robbie have three children. He is a councilman at St. Paul's Lutheran Church in Wilmington. His recreational activities are chiefly swimming, danc-

ing, fishing, golf, and occasional medical meetings.

Ed Williams, 1509 Home Ave., Hartsville, South Carolina: Following graduation, Ed finished his residency in internal medicine at Memorial Hospital and has been in practice in Hartsville for several years now. He won the 1959 Fordham award while at Carolina. He and Princess have three children. He is an adult advisor at the Methodist Youth Fellowship and his recreational time is spent golfing, fishing and playing tennis.

Freddy Williamson, Womack Army Hospital, Ft. Bragg, N. C.: Freddy is a captain in the Medical Corps and practices Orthopedic surgery in the U.S. Army. He did his internship at George Washington University and then Cone Memorial and his residency at Ft. Knox and Ft. Sam Houston. He and his wife, Billie, have two children. Included in his interesting trips abroad is one to Frankfurt, Germany in January, 1960 through May, 1961.

Virgil Wilson, Route 2, Clemmons, N. C.: Virgil is Medical Director at Western Electric in Winston-Salem and does part-time general practice in Clemmons. He interned at City Memorial Hospital in Winston. He and Mona have four children and live on 25 acres where they are waiting for winter to set in so that some of the busy activities of summer will cease.

He is a Deacon and part-time Sunday School teacher, Chairman Medical Advisory Committee of the National Foundation. His chief recreational activities have been those of gardening and fishing.

1955

Griggs Dickson, 1006 5th Street, Hartsville, South Carolina: Following graduation, Griggs took a pediatric residency at Memorial Hospital and is in partnership with J. C. Parke. He is a member of the American Academy of Pediatrics. He and Betty have two children.

Gene Glenn, U.S. Naval Hospital, Jacksonville, Florida: Following graduation, Gene interned at the U.S. Naval Hospital in Jacksonville and did residency in OB and Gyn at the Naval Hospital in Philadelphia. He and Ruth have three children.

V. L. James, 6038 USAF Hospital, APO 919 Misawa, Japan, San Francisco, California: Following graduation V. L. did a residency in Pediatrics at the Children's Hospital, Ohio State University, Columbus, Ohio. He has been in Japan for a short while, and is to be there until January, 1964. He is a fellow of the American Academy of Pediatrics and is a member of the American Board of Pediatrics. He and Doris have two children. He spends most of his time golfing and sightseeing, outside of being busy seeing children.

Smitty Lineberger, Lake Forest Estates, Chapel Hill: Smitty finished his internship at Ohio State and then was in the Air Force for two years following which he returned to Chapel Hill for pathology residency and presently is the chief resident in Pathology. He and Elizabeth have

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four children. Smitty wrote that he was sorry that he couldn't add something exciting, but what free time he had, he spends trying to beat Mitch Sorrow in playing squash.

Thad Monroe, 103 Howerton Drive, San Antonio 23, Texas: Thad was recently in the Air Force but as of October is an instructor in Psychiatry at the University of North Carolina School of Medicine. He did his postgraduate training at Massachusetts General Hospital and North Carolina Memorial Hospital. He and Jane have one child and his chief recreational activity has been that of golf. While in the Air Force, he visited Mexico on occasion.

Bill Rogers, 510 W. Park, Mundelein, Illinois: Bill has been doing radiology at the U.S. Naval Hospital in Great Lakes following his postgraduate training at Bethesda Naval Hospital and University of Chicago.

He is a member of the American College of Radiology and Certified by the American Board of Radiology. He and Marianne have three children. While in the Navy he has visited Europe and North Africa and his recreational activity is stated as being that of social drinking which he does only between meals.

Bob Savage, 385 Plymouth Ave., Winston-Salem, N. C.: Bob interned at City Hospital in Winston and has been in general practice for several years now. He and Min have five children. His spare time is spent boating, fishing, hunting and playing golf.

1957

Joe Allen, P. O. Box 707, Warrenton, N. C.: Joe interned at Medical Hospital of South Carolina and is in partnership with Robert Cline. He and Jennene have two children. His chief recreational activity is playing golf.

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Ernest Brown, 907 12th St. N. W., Minot, North Dakota: Ernest is with the Air Force doing OB-Gyn following postgraduate training at the Medical College of South Carolina. He and Sue have two children. His recreational activities are chiefly hunting and fishing.

T. Albert Farmer, Jr., 1534-A Birch Street, Fort Dix, New Jersey: He did postgraduate training at the University of Alabama and he and Nancy have two children.

Paul Hurst, Jr., USAF Hospital S. A. C. Box 4274, A. P. O. 283, New York, New York: Following graduation, Paul did two years residency in psychiatry at Temple following internship at Jefferson Hospital. He is currently in military service in the Air Force in Spain as a Hospital Psychiatrist. He and Therese do not have any children at the present time.

William O. Jones, 4610 Rosedale Ave., Bethesda 14, Maryland: Bill is presently with the National Institutes of Health, but in January of 1962 will be associated with Dr. J. Buren Sidbury, in Wilmington in the practice of Pediatrics. He did his residency at Johns Hopkins Hospital. He and Frances have three children.

Dick Liles, Norwood, N. C.: Dick has been in partnership with W. L. McLeod in Norwood. He did his postgraduate training at the University of Alabama in Birmingham, following which he spent two and a half years in Japan. He is not married yet and attends the Presbyterian Church and is director of the Junior Chamber of Commerce.

E. J. Stathacos, Box 547 4500th USAF Hospital, Langley AFB, Virginia: E. J. is in psychiatry in the Air Force following internship at the

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Washington Hospital Center and Residency at Memorial Hospital in Chapel Hill. He and Billie have two children.

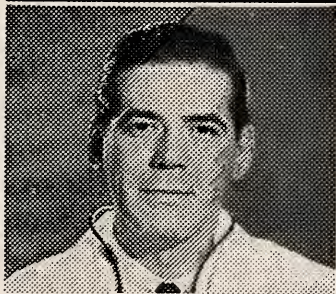
WITH THE ALUMNI

(Continued from Page 22)

He is a Fellow of the American College of Physicians and a member of the Society for Clinical Investigation and the Association of American Physicians. Dr. Wilkins is a past president of the American Heart Association, and past president of the Massachusetts Heart Association.

In 1958 he received the Lasker Award "for distinguished contributions to the control of heart and blood vessel diseases," and has received, among other honors, the Oscar B. Hunter Memorial Award of the American Therapeutic Society, and the Distinguished Service Award of the University of North Carolina.

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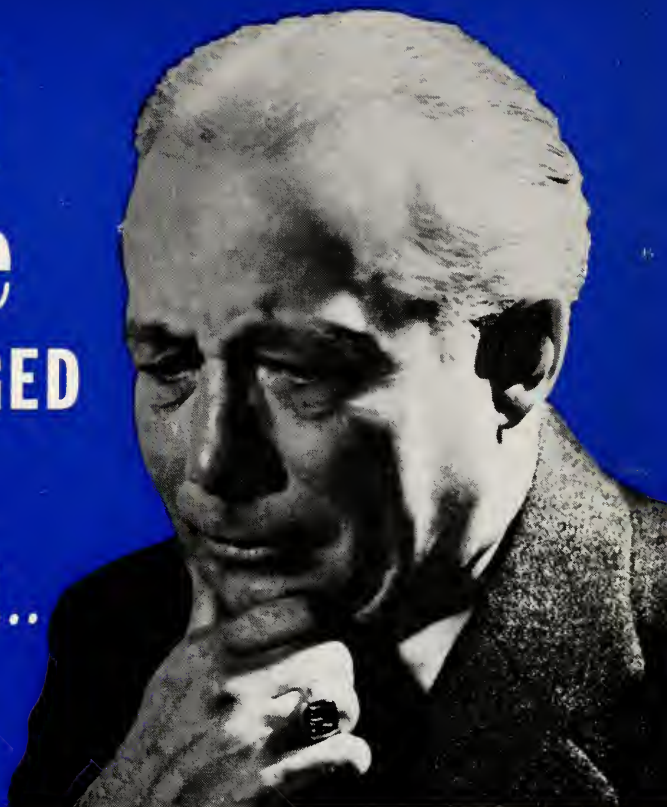
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***Reference:** Levy, S., *Pharmacological Treatment of Aged Patients in State Mental Hospitals*, J.A.M.A., 153:14, Pages 1260-1265, Dec. 5, 1953.
Thompson, L., Procter, R., *North Carolina M. F.*, 15:596, 1954.
Thompson, L., Procter, R., *Clin. Med.* 3:325, 1956.



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Vol. IX

February, 1962

No. 3



TWO-WAY CONFERENCES
(Cutlines on page 5; story on page 8)

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COVER PHOTO—*Discussing renal hypertension are Dr. T. Franklin Williams, Dr. William P. Richardson and Dr. John L. Simmons. At the controls is C. Tom McLees, a second year medical student. Programs will originate in the well-equipped new studio in the School of Medicine. (See story, page 8.)*

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SATURDAY, APRIL 14, 1962

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THE SCHOOL OF MEDICINE'S NEW TWO-WAY CONFERENCES

WILLIAM P. RICHARDSON, M.D.*



ONCE IN A GREAT WHILE a new development comes along which constitutes a real breakthrough in its field. Such a breakthrough is the use of two-way radio conferences for postgraduate medical education. Here is a technique which brings practicing physicians in the communities of the state into direct communication with medical school faculty members in an educational enterprise in which the participation of the physicians in the local communities is an essential ingredient—and this without either group having to travel or leave their hospitals.

It was in 1955 that Dr. Frank Woolsey, Director of Postgraduate Education at Albany Medical College, and an avid radio “ham,” conceived the idea of using radio for this kind of two-way educational program. Initially he used his own “ham” transmitter and those of numerous other “hams” in eastern New York and nearby areas of New England. Later the medical college acquired an FM radio station, and special radio transmitters were installed in participating hospitals for relaying the questions from local groups. In 1959 Dr. Fred Richardson, Coordinator of Professional Services at Pennsylvania Hospital, inaugurated a similar program which now has participating groups in Delaware, Pennsylvania and Ohio.

** Dr. Richardson is Assistant Dean in Charge of Continuation Education, University of North Carolina School of Medicine.*



The opening conference, carried on television, featured several distinguished guests. Seated at the table, Dr. Richardson, Dr. Frank M. Woolsey, Director of Postgraduate Education, Albany Medical College, and Dr. Oscar Sapp, speaker for the first program. At right, Chancellor William B. Aycock, Dean W. R. Berryhill of the School of Medicine and Dr. Fred McD. Richardson, Coordinator of Professional Services, Pennsylvania Hospital.

In 1960, after a considerable period of investigation and discussion which resulted in strong assurance of interest and support from both faculty and the physicians of the listening area, the University of North Carolina Medical School initiated efforts to secure necessary funds for inaugurating a program in this state, using the University's FM radio station. Funds were needed for three purposes, (1) to purchase receiving equipment and, possibly, transmitting equipment in the local hospitals where the groups would meet; (2) to move the WUNC transmitter from the campus to the site of the tower of WUNC-TV; and (3) to cover program and operating costs. In April, 1961, a grant from Merck Sharp and Dohme Postgraduate Program, expected to be renewed annually for five years, made it possible to inaugurate plans for moving the transmitter and to begin definite enrollment of interested local groups.

Groups were enrolled in nine communities, Greensboro, Siler City, Burlington, Oxford, Raleigh, Wilson, Goldsboro, Kinston and Lumberton. A weekly schedule of programs was developed, based on suggestions from both the

medical faculty and the local physicians. It was originally expected that the transmitter move would be completed in time to have the first session on October 24, but delays in securing essential items of equipment early in the fall forced postponement until December 5. As this date approached with the transmitter completion still not in sight, the cooperation of WUNC-TV was secured, and the programs of December 5, 12, and 19 were carried on television. WUNC-FM went on the air on January 2, and subsequent programs have been carried on radio as originally planned.

The program format consists of a half hour presentation by one or more faculty members, and a half hour devoted to questions from local physicians, which are discussed by the speakers. A conference telephone hook-up is used for receiving questions, which are put directly on the air so they are heard by the listening audience. Besides University of North Carolina faculty members there will be guest speakers from other medical schools both in and outside the state.

In addition to the sustaining grant from Merck Sharp and Dohme, a grant of \$6,200 was secured from the National Fund for Medical Education for building and equipping a studio in the School of Medicine. This facility has been completed and equipped with the most modern equipment, making it possible to present the programs without going outside the building, and to record them for re-broadcast at another hour if desired.

It is too early for a definitive evaluation of the method and its potentialities, but in spite of the difficulties brought about by having to start on television and by problems in the early weeks with the conference telephone circuit, the response to date has been most enthusiastic. More than 200 physicians are formally enrolled and each week brings additional enrollments. Additional groups are indicating an interest in participating. It seems clear that this new technique meets an important need and that its ultimate success and accomplishment will to a large extent be measured by the vigor and imagination we are able to bring to its development.

What are some of the future possibilities and plans? In the first place, it is planned to schedule 24 weeks of programs next year, probably beginning early in October. In the second place, additional funds are being sought to make it possible to schedule a second weekly session with the speech or panel being presented by recording, but with a live question and discussion period. Efforts will be directed at getting more guest participants from other faculties, and, hopefully, one or more programs may be exchanged with Albany Medical College and Pennsylvania Hospital, making use of special radio telephone lines.

(Continued on Page 30)

Drs. Richardson, Woolsey and Sapp launch the scientific portion of the first conference.



Report on a

Foreign Assignment

SIDNEY S. CHIPMAN, M.D.

DURING the academic year 1960-61, I had the privilege of serving as Visiting Professor of Social Pediatrics at The High Institute of Public Health in Alexandria, Egypt. This was a World Health Organization assignment and provided me with an excellent opportunity to spend ten months or more in a fascinating and interesting country, to learn something of its culture and mode of life, and to be challenged by a teaching responsibility quite different from anything in my previous experience.

The High Institute of Public Health in Alexandria was established in 1956 through the combined efforts of the Government of Egypt, the Government of the United States of America, the World Health Organization, and the United Nations Children's Emergency Fund. Its primary responsibility is to provide postgraduate training in public health for physicians and sanitary scientists. During the past year there were 62 students in attendance, the large percentage of them being physicians. My major activity was with twelve of these physicians, whose area of interest was maternal and child health.

Egypt is one of the "developing countries" of the Middle East with a well documented history extending back 3200 years B.C. It includes a surface area approximately seven times that of North Carolina, but only 5 percent of its area is settled and cultivatable. The Nile River, "the water of life," extends 1,000 miles from the Sudan border in the south to the Mediterranean Sea in the north. Its tributaries and irrigation canals provide practically the only source of water. The population of Egypt totals 26,000,000 and is overwhelmingly Arab and Moslem. The annual rate of population increase, a serious problem in most countries of the Middle East, is nearly twice that of the United States. For centuries the economy of Egypt has been almost entirely agricultural, and methods of farming and irrigation of the land have changed very little over many centuries. More recently industrialization, especially of textiles, has been introduced. There has been compulsory primary education for twenty years, but facilities are even now available for only 60 percent of the school-age population. Illiteracy and poverty still remain as serious handicaps and the burden of ill health is very great.

Medical education in Egypt reflects the methods and organization followed in the German schools at the turn of the century. There is much emphasis on "lectures from the professor" and students are encouraged to record in their notebooks everything that the professor states and to memorize their notes for the all-important examination. Classes are large and there are two graduating

* Dr. Chipman is Professor of Maternal and Child Health and Clinical Professor of Pediatrics, University of North Carolina.



*Bread delivery in
Alexandria, Egypt,
1961.*

groups each year. Bedside or clinical teaching is part of the program in the last two years but differs greatly from the American method in that laboratory investigation is very limited and much greater emphasis is placed on physical diagnosis. In fact, debate over the physical signs and their interpretation seems to be the major part of any clinical session. All male graduates must serve 12 to 24 months with the Armed Forces. Hospital training following graduation is usually limited to the internship. All medical educators are part time spending the morning at the University and the afternoons and evenings in their private clinics.

A large segment of the population obtains its medical care at various clinics in public health and welfare centers or, in the cities, public hospitals. Private practice exists but is largely for the wealthy in the larger cities. Facilities and quality of care are very inadequate by western standards. Great reliance is placed on the ever-present bottle of medicine, pint- or quart-size. Pediatric diseases such as rickets, bone tuberculosis and "marasmus" which have long since ceased to be of much importance in the children of America are commonplace in Egypt. Severe malnutrition and kwashiorkor are common. Intestinal parasitism and bilharziasis are severe and in some areas are almost universal.

*Manufacturing water
jugs in a small town
near Tanta, Egypt.
1961.*



Public health in Egypt is basically medical care of a large segment of the population, with particular emphasis during the past 15 years on care of mothers and children. In spite of this, the infant mortality rate is probably in the vicinity of 200 per 1,000 live births as compared with 25 in America and 18 in some other highly developed countries. The provision of public medical services has, and will accomplish, little that is permanent until more successful methods have been devised of doing away with poverty and starvation, and influencing the long established mores of the people, especially of the peasants or "fellaheen." Cultural practices such as the simultaneous use of the canals and irrigation ditches as a source of drinking water, bath-tub, laundry, duck pond, and sewer are changed with difficulty.

My experiences during the past year have left several very definite impressions. I am convinced that a much larger percentage of our foreign aid to developing countries should be in the fields of medical education and public health. Such an emphasis might be much more effective in combating ignorance, poverty, and ill health than some of the current practices. For physicians and physician-educators a foreign assignment can be very interesting and challenging and of real personal benefit. There are many such opportunities, and they can be used effectively not only in the promotion of health but also in the promotion of international understanding and good will. Perhaps we should be thinking of a medical "Peace Corps."

*The mosque at
Ramleh in Alexandria,
Egypt, 1961.*





New Research Wing to Be Opened

By G. P. MANIRE, Ph.D.*

SOMETIME in the near future, hopefully before you read this, the faculty and students of the University of North Carolina School of Medicine will begin to move into the new research wing, which has been built on the north end of MacNider Hall. It is the first new space available for expansion of research activities of the Medical School since the completion of the north wing extension in 1953, and its completion coincides with a critical and growing shortage of space. The growth of the Medical School during that period has been dramatic as shown by the fact that in 1954 there were 84 full time faculty members as compared to 194 such persons on the staff this year. In the year ending in June 1954 the school received \$288,883 in grants to support research and \$161,905 in grants to support training and teaching, for a total of \$450,788. In the year ending June 1961 the research grants totaled \$1,912,184 and the training grants totaled \$1,126,141 for a total of \$3,038,325.

In the 1961 Annual Report of the School of Medicine, Dean Berryhill wrote as follows: "The need for enlarged physical facilities in all areas of teaching, research and patient care far exceeds all others and becomes more desperate with each passing year. The Medical School and Hospital are losing opportunities for growth in quality because of lack of space."

The occupancy of the new wing will be of help in meeting the need for research space, and in those areas of student activities relating to research, but at the present rate of growth by the school and with the continuous increase in its responsibilities for medical research the relief will be temporary.

The new building has been planned as a wing and a direct extension of MacNider Hall. Funds for the building were provided by a grant from the National Institutes of Health and by non-appropriated money obtained by the

* Dr. Manire is Professor of Bacteriology, University of North Carolina School of Medicine.

University. It has six floors, with all except the basement having common corridors with the older building, which has allowed those basic science departments in the north wing to have a unified departmental arrangement. The building contains approximately 46,000 square feet of floor space with a net of about 33,000 square feet for research.

Several new and badly needed facilities of special nature have been provided for in the structure. In the basement is a room for the storage of explosive liquids and gases constructed in such a way that an explosion would do a minimum of damage to the building. Also on the same floor is a laboratory for a radiation physicist, where radioactive materials will be received and stored in shielded vaults while not in use. The committee on animal care will also have space on this floor for receipt and storage of small animals.

On the ground floor an area of about 3200 square feet has been designed for student locker and lounge space, which is in addition to the area for research as listed above. Space for this function has never been adequate, and the new quarters will allow a much improved and unified area for students.

On each of the other floors there are special features of value to various research programs. These include laboratories equipped with interference screening for studies involving electrical measurements of high sensitivities and special facilities for radioactive isotope experimentation. On the fourth floor an infectious disease area has been designed in which facilities are available for the first time in this school where highly infectious agents can be handled with relative safety. Such areas have their own ventilation systems with special filters to decontaminate air. A small area of four rooms for infectious animals, and a large animal incinerator have been installed on this floor.

One of the disadvantages of the building is the resulting division of basic science departments in the south end of MacNider Building made necessary by the occupancy of the new areas. This is compensated for to some extent by the reunification of other departments and the arrangements by which various investigators with common interests have adjacent laboratories. For example the Departments of Medicine and Surgery will have spaces adjacent to Anatomy, Biochemistry and Physiology for faculty members whose research interests relate to those departments. In the infectious disease area the three virus laboratories assigned to the Bacteriology and Pediatrics Departments will be closely associated.

In addition to the new laboratories, the forthcoming move will also make possible much needed rearrangement and reassignment in the research space of the older buildings. For example, facilities for animal care and animal surgery will be expanded in the MacNider Building, research activities relating to clinical chemistry and clinical microbiology will expand on the 4th floor of the clinic wing, and various groups with common interests in the circulatory and pulmonary systems will share space on the fifth floor of this building.

So it can be concluded that the opening of the research wing will indeed be a significant day in the history of this school and will provide badly needed space and special facilities. But it is only an interim relief to the growing space needs of the school, which must plan and look forward to a much greater expansion in the near future to meet its increasing responsibilities in research, teaching, training and patient care. Based on estimates obtained some years ago of the space then available for research, the new wing represents an increase of about 50% in research space over that available in 1954, whereas the total research and training grants have increased about 700%.



Clinical Research Unit Is Activated

The new ten-bed Clinical Research Unit, directed by Dr. Walter Hollander, Jr., associate professor of medicine, and Dr. Robert Zeppa, assistant professor of surgery, was activated January 8. Some of the Unit's special staff are shown at work.

Upper right: Explaining a procedure to a patient.

Lower right: Weighing an ingredient of a special diet.

Lower left: Analyzing specimens in one of the two core laboratories.

Upper left: Using the audio call system which enables each patient to talk directly with nurses at the nursing station.



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CENTER FOR STUDY OF THROMBOSIS AND HEMORRHAGE ESTABLISHED

By KENNETH M. BRINKHOUS, M.D.*

DR. GEORGE D. PENICK has assumed his new duties as Director of the recently established center for the study of thrombosis and hemorrhage. This program was made possible by the award of a research program-project grant by the National Heart Institutes, United States Public Health Service to the School of Medicine.

Dr. Penick has had long experience in various phases of investigation on thrombosis and hemorrhage. Dr. Penick is responsible for the clear delineation of a new syndrome, "paradoxical" thrombosis and hemorrhage, in which it is recognized that damaged tissue in the body, as with coronary thrombosis and infarction, can release thromboplastin, giving on the one hand abnormal hemorrhage and on the other hand distant thromboses, unrelated to embolism. This syndrome has recently been referred to in the literature as Penick's syndrome.

In this new position Dr. Penick will be responsible for the organization of the clinical laboratory and clinical investigative activities related to this research program. Funds are provided to support a three-bed clinical research unit in the North Carolina Memorial Hospital, to provide for the related laboratory facilities, and to provide for a clinical investigative program for bleeders in cooperation with the School of Dentistry.



GEORGE D. PENICK, M.D.

Dr. Penick had his pre-medical and basic science training at the University of North Carolina and received the M.D. degree from Harvard Medical School in 1946. He has been on the staff at the University since 1949, having been associate professor of pathology since 1956. He was a Markle Scholar in medical science from 1953 to 1958. For the past 1½ years Dr. Penick has been pathologist at Rex Hospital in Raleigh.

The grant for the support of this program is committed for a period of 7½ years in the total amount of \$1,568,435. In addition to the clinical investigative aspects of the program, funds are also provided for laboratories in electron microscopy, thrombolysis, radioisotopes, and protein fractionation, as well as for work with the colony of hemophilic dogs at the Francis Owen Blood Research Laboratory in the Department of Pathology.

* Dr. Brinkhous is Professor and Chairman of the Department of Pathology, University of North Carolina School of Medicine.

Presenting The Alumni

DR. JOHN WILLIAM ROY NORTON

Dr. J. W. R. Norton, state health director and secretary-treasurer of the North Carolina State Board of Health, is a native of Scotland County, N. C. and has a colorful and varied background.

He was educated at Trinity (Duke University) College, graduating in 1920. He returned to his home county, taught school for a year and then entered the Law School of Trinity College, where he remained for a year. Another two years as a county school teacher, he then entered the UNC School of Medicine in 1924, where he remained for two years and his M.D. degree was awarded by Vanderbilt in 1928.



He served in the Army during World War I, and served an additional five years in World War II. After interning for two years at the Henry Ford Hospital in Detroit, he went to Rocky Mount in 1931 as city health superintendent, where he remained until 1935.

Dr. Norton attended the Harvard School of Public Health graduating with an M.P.H. in 1936. He served as assistant division director of the N. C. State Board of Health, 1936-38 and taught public health administration at UNC during 1938-40. At the present time, he is visiting associate professor of the School of Public Health.

He was chief health officer of the TVA from 1946 to 1948, and at that time named N. C. State Health Director, the position he now holds.

Dr. Norton is president-elect of the American Public Health Association as well as holding offices in the Southern Branch of the APHA, North Carolina Public Health Association and the State and Territorial Health Officers Association.

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Presenting The Faculty

DR. HARRY GOODER

Dr. Harry Gooder has recently joined the faculty as an Assistant Professor in the Department of Bacteriology. He was born in Castleford, Yorkshire and earned a B.S. in Chemistry and the Ph.D. in Biochemistry from the University of Leeds. Like some of our other British colleagues he is entitled to add some bewildering letters after his name (F.R.I.C.). These indicate scientific recognition by his peers through election as a Fellow of the Royal Institute of Chemistry. He has made numerous contributions on the chemistry of bacterial cells and is recognized as an international authority on the streptococcus cell.

For the past five years he has been a Research Scientist at the Central Public Health Laboratories, Colindale, London. Prior to that he spent three years in the United States as a Research Fellow in Bacteriology at Harvard. He is not a stranger to this State since his wife, Rachel, is a native of Farmville. This American exposure has had some effect since, although he still speaks of "tea time," he has learned to speak the language in a surprisingly short time.



DR. JUDSON J. VAN WYK

Dr. Van Wyk is a native of Iowa who received his undergraduate education at Hope College in Holland, Mich., graduating in 1943. The following year he was a fellow in biological chemistry at St. Louis University.

After four years at the Johns Hopkins Medical School, Dr. Van Wyk received his M.D. degree in 1948. He remained at Johns Hopkins Hospital on the pediatric house staff for the next two years and served a residency in pediatrics at the Cincinnati Children's Hospital in 1950-51.



He was an investigator at the National Heart Institute during the period of 1951-1953 and was a fellow in pediatric endocrinology at Johns Hopkins from 1953 to 1955.

He was appointed assistant professor of pediatrics at the School of Medicine in 1955 and was promoted to associate professor in 1959. Dr. Van Wyk was named a Markle Scholar in Medical Science in 1956. This is considered one of the highest honors that may be bestowed on a young physician in academic medicine.

Dr. Van Wyk is on the editorial board of the *Journal of Clinical Endocrinology and Metabolism* and is a contributor to Williams' "Textbook of Endocrinology."

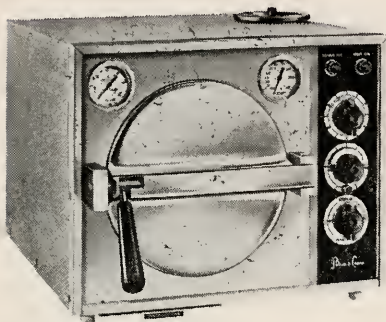
He is the author or co-author of dozens of scientific articles that have appeared in professional journals.

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ALUMNI NEWS ITEMS

1920

Clement R. Monroe, Pinehurst, N. C.: Has a surgical practice in partnership with Drs. M. T. Pichko, W. F. Hollister, D. D. Gadd, C. A. Phillips and W. W. Allen. He did his postgraduate training at St. Joseph's Hospital in Baltimore and is a member of the American College of Surgeons.

News items for the 1920-24 classes were obtained by Dr. William S. Justice, '24, a member of the Editorial Committee.

A Methodist, he is married to the former Mabel Caddell and they have two children: Ann, 7 and Mary, 9.

1921

Marcus Edward Bizzell, 500 E. Walnut Street, Goldsboro, N. C.: Does ophthalmology and otolaryngology; had his postgraduate training at Touro Infirmary and Ear, Nose and Throat Hospital in New Orleans, and at Indiana and Temple University Schools of Medicine. A diplomate of

(Continued on Page 25)

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Alumni News Items

(Continued from Page 23)

the American Academy of Otolaryngology and Chairman of the Section of Otolaryngology and Ophthalmology of the State Society, he is a past president of the North Carolina Eye, Ear, Nose and Throat Society, the Fourth District and Wayne County Medical Societies and Wayne County Memorial Hospital Staff. He and his wife, Mrs. Ruby Feikert Bizzell, have one son, Marcus Edward, Jr. and two daughters: Mrs. M. E. Dowd (Eunice) of Chatham, N. J. and Mrs. John L. Walker (Mary Louise) of Roanoke, Va. A Methodist and B.P.O.E., he has served on the city councils of Goldsboro and Atlantic Beach for eight years (each) and for

eight years as a member of the Goldsboro Zoning Board. For recreation, he enjoys hunting, fishing and swimming.

Charles C. Massey, 1318 Carlton Avenue, Charlotte 3, N. C.: Does proctology; had his postgraduate training at New York Postgraduate Medical School and Hospital. Eleanor and he have two children: Charles, Jr., a physician, and Morgan, a student. A Presbyterian, listing himself as a sinner who accepts only a pew seat, he is a former Kiwanian and reports having had an interesting trip to Europe, but advocates seeing more of our own land. Gardening, walking and

(Continued on Page 26)

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Alumni News Items

(Continued from Page 25)

reading are his principal recreational activities.

George A. Richardson, 1532 Overington Street, Philadelphia 24, Pa.: Does E.N.T.; had his postgraduate training in Clinics of Philadelphia Hospital. He and Ida have two children. He is a member of the Frankford Lions Club and this year visited Holland, France, Italy, Austria, Switzerland and England.

1922

Herbert H. Fritz, Pennswood Road and Radnor Street, Bryn Mawr, Pa.: Does general practice; serves as physician to the Bryn Mawr Hospital and as an area chief of Medical Section in civil defense. A former commander, U.S. Naval Reserve, he was in the South Pacific during the Second World

War. In 1955, he had a trip to Europe and he plans another trip in 1962. He and Margaret, his wife, have two daughters and three grandchildren. An Episcopalian, he enjoys golf for recreation, at which he says he is mediocre.

Harry Lester Johnson, Sr., 138 Edgedale Drive, Elkin, N. C.: Does general surgery in association with Dr. James T. McRae of Elkin; had his postgraduate training at Cincinnati General Hospital and Henry Ford Hospital, Detroit; Associate of H. H. Ogburn, 4 years. A fellow of the American College of Surgeons and of the Southeastern Surgical Congress, he is chief surgeon of Hugh Chatham Memorial Hospital where he served from 1931 to '35 and from 1946 to

(Continued Next Page)

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Alumni News Items

date. He and the late Mrs. Louise T. Johnson have one daughter, Mrs. Phyllis Qualheim, and a son, Harry L. Johnson, Jr., M.D. (U.N.C. 1957). He is a member of the Greensboro First Friends Meeting and an associate of the Elkin First Methodist Church, a Kiwanian and a member of Cedarbrook Country Club. Among his hobbies are hunting, fishing and occasional golfing.

David Kimberly, Route 1, Hot Springs, N. C.: Does general practice; postgraduate training was done at Henry Ford Hospital, Detroit, Michigan. He and his wife Willeene have five children. A Bible class teacher at Bethel Christian Church, he farms for recreation.

Bennett Watson Roberts, 1503 W. Pettigrew Street, Durham, N. C.: A

pediatrician who did his postgraduate work at the University of Iowa, he is a member of the American Board of Pediatrics and a former president of the Durham-Orange Medical Society. He and Elizabeth have two sons: Bennett Watson Cowper and Surry Parker. He is a member of the St. Phillips Episcopal Church, N. C. Literary and Historical Society, Sons of American Revolution, Hope Valley Country Club and Friends of the U.N.C. Library. He had an interesting trip to southern England in 1954.

Bryan Pope Warren, 305 Prince George Street, Laurel, Maryland: Does general practice; is associated with Dr. J. M. Warren and two other physicians in the Warren Clinic. He and Virginia, his wife, have two sons and

(Continued on Page 28)

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Alumni News Items

(Continued from Page 27)

one daughter: Bryan, Jr., a physician; Morris, and Linnie Lee (Mrs. R. M. Marshall, Jr.). A Shriner and Legionnaire, he is a trustee and choir member of the First Methodist Church in Laurel and was organizing president of the Laurel Rotary Club. Hunting and traveling are his chief recreational activities; he took a seven-country tour of Europe in 1959.

Bryan C. West, 113 E. Gordon St., Kinston, N. C.: Does general practice; had his postgraduate training at New York Postgraduate Medical School. His wife, Mrs. Margaret Hunt West, and he have one son, Bryan, Jr. and a daughter, Mrs. Margaret Paul.

1923

M. Paul Byerly, 5820 York Road, Baltimore 12, Maryland: Practices in-

ternal medicine; a diplomate of the American Board of Internal Medicine, he did his postgraduate training at the University of Minnesota. A Lutheran, he and his wife have no children. For recreation, he enjoys hunting.

Grover C. Dale, Wachovia Building, Goldsboro, N. C.: Does general practice and proctology; had his postgraduate work at New York Postgraduate Medical School. A fellow of the American College of Physicians (1937), he is a former president of Wayne County Medical Society (1939) and is listed in *Who's Who in the South and Southwest*. A Presbyterian, he married the former Maud Eason; they have no children.

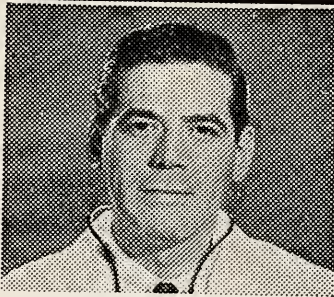
Frank P. Hunter, Warrenton, N. C.: Does general practice; had postgraduate training at Chestnut Hill Hospital in Philadelphia. An Episcopalian, he married Ola Smathers, and they have one son, Frank P., Jr.

Herbert Thomas Kelly, 1900 Spruce Street, Philadelphia 3, Pa.: Does internal medicine—urologic clinic in association with Drs. F. G. Harrison and F. G. Harrison, Jr. Had his postgraduate training at Jefferson, Harvard Postgraduate Medical School, Columbia University and Boston City College. He and Margaret, his wife, have one daughter, Lois.

A member of the Board of Appeals, No. 1, Grp. 2, Pa. Selective Service System ('42-'47); Vice-President, Amn. Equilibration Society; Chairman, Section on History of Medicine, Philadelphia College of Physicians ('49-'54); Chairman, Archives and Library Committee, Philadelphia County Medical Society; Consulting Internist, Pennsylvania R. R.; Sponsor and Chairman, Committee on Nu-

(Continued Next Page)

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Alumni News Items

trition, Pa. State Medical Society ('41-'46) and Chairman of the Pa. Nutrition Council ('46-'60), he has published over forty articles in medical and scientific journals. He is an elder in the Summit Presbyterian Church, Philadelphia, a Mason and Shriner, a member of the Philadelphia Junto Club, Germantown Cricket Club, Union League of Philadelphia, Philadelphia Executives Association, Seaview and Philadelphia Country Clubs. Golfing and hunting are his chief recreational activities. In 1939, he visited Ireland, Scotland, England, Holland, Germany, Switzerland and France.

1924

Joseph Lewis Johnson, 205 N. Main Street, Graham, N. C.: Does general practice; is a member of First Baptist Church and Kiwanis Club. He and Elsie have two children, Martha Ellen Hooker and Joseph, Jr.

William S. Justice, 311 Doctor's Building, Asheville, N. C.: Does general surgery; had his postgraduate training (internship and residency) at Boston City Hospital. He and Ethel have two children: Elizabeth Bynum and Justice Willingham. Bill does botanical photography for recreation.

1933

Dr. James Watt, director of Division of International Health, United States Public Health Service, was awarded one of the first annual Bronfman prizes for public health achievement by the American Public Health Association at its annual meeting in Detroit.

1954

Dr. Graham D. Newton is associated with Drs. Howard P. Steiger and Calvin C. Mitchener in the practice.
(Continued on Page 31)



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February 27, 1962 — May 1, 1962

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1:00 — 2:00 P.M.

- February 27—Antihypertensive Drugs. Dr. James W. Woods, Department of Medicine.
- March 6—Psychotropic Drugs. Dr. Morris A. Lipton, Department of Psychiatry.
- March 13—The Corticosteroids. Dr. A. M. Harvey, Department of Medicine, Johns Hopkins University School of Medicine, Dr. Charles H. Burnett, Department of Medicine, and Dr. Billy Baggett, Department of Pharmacology.
- March 20—Clinical Pathological Conference. Dr. Robert D. Langdell, Department of Pathology and Dr. William B. Herring, Department of Medicine.
- March 27—Somatic Complaints and Anxiety. Dr. David Hawkins, Department of Psychiatry.
- April 3—The Diagnosis and Treatment of Depression. Dr. Thomas E. Curtis, Department of Psychiatry.
- April 10—Referral of Patients for Psychiatric Evaluation and Treatment. Dr. Arthur J. Prange, Jr., and Dr. James T. Proctor, Department of Psychiatry.
- April 17—The Evaluation of Patients with Surgically Correctable Heart Disease. Dr. Ernest Craige, Department of Medicine and Dr. Herbert S. Harned, Jr., Department of Pediatrics.
- April 24—The Surgical Treatment of Heart Disease. Dr. Richard M. Peters and Dr. George Johnson, Jr., Department of Surgery.
- May 1—The Surgical Treatment of Peripheral Vascular Disease. Dr. Richard M. Peters and Dr. George Johnson, Jr., Department of Surgery.

—2-Way Conferences—

(Continued from Page 10)

Not yet definitely "in the works," but under active discussion is the possibility of enlisting the cooperation of other FM stations to make it possible to reach points in the state beyond the 100 to 110 mile range of WUNC-FM.

In conclusion, a new program of postgraduate medical education, making use of a promising new technique,

is off to an encouraging start, and the possibilities for future developments are exciting. Efforts for the immediate future will be directed, first, at maintaining a high standard of interest and excellence for the programs, and, second, at developing plans and support for extending participation to additional and more distant medical groups.

Open House Is Announced

The Section of Physical Therapy of the University of North Carolina School of Medicine has announced plans for an Open House to be held March 17 at Chapel Hill.

The purpose of this program will be to acquaint interested students, parents, and educational counselors with the profession of physical therapy.

This is the second annual program of its kind to be held by the Section of Physical Therapy. Last year the open house program was attended by over 100 persons.

At the present time, 50 students are enrolled in the physical therapy program. Still more students are needed for this profession and in the past there have been over a dozen job openings for each graduate of the school.

Two films will be shown: "Within Your Hands," a film depicting education for and opportunities in the profession of physical therapy and "The Return," an international award winning film, depicting the story of a young patient with a spinal cord injury and the physical therapy involved in his rehabilitation.

There will be a discussion of the high school and college academic preparation for physical therapy and the program available at the University of North Carolina.

A tour of the North Carolina Memorial Hospital Department of Physical Therapy will be conducted by physical therapy students who will also demonstrate various pieces of equipment and treatment procedures.

All interested high school and college students and guidance counselors are invited to make plans to attend.

Seventh Annual Jenkins Lecture Held

Dr. Raymond D. Adams of the Harvard Medical School delivered the seventh annual Lee B. Jenkins Memorial Lecture at the University of North Carolina School of Medicine Wednesday, January 24. He spoke on "Some Observations on the Hepato-Cerebral Diseases."

Dr. Adams is professor of neurology at Harvard and is chief of the neurological services at Massachusetts General Hospital in Boston and is Bullard Professor of Neuropathology at the Harvard Medical School. He is the author of a number of works on neurosyphilis, pathology and muscle diseases, neurology, and neuropathology and is co-author of "Harrison's Textbook of Medicine."

The Jenkins Memorial Lecture was established by Mrs. Lee B. Jenkins of Kinston in honor of her late husband, a distinguished civic-minded industrialist of that city.

Alumni News Items

(Continued from Page 29)

tice of dermatology, 207 Hawthorne Lane, Charlotte 4, North Carolina. After two years of medicine at UNC, Dr. Newton attended Cornell University Medical College where he received his M.D. in 1954.



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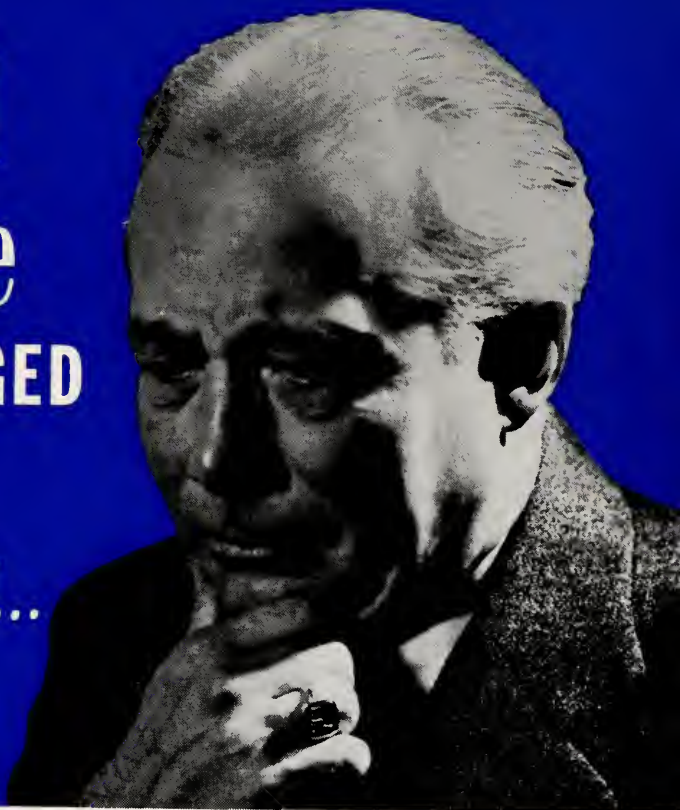
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*Reference: Levy, S., *Pharmacological Treatment of Aged Patients in State Mental Hospitals*, J.A.M.A., 153:14, Pages 1260-1265, Dec. 5, 1953.
Thompson, L., Procter, R., *North Carolina M. F.*, 15:596, 1954.
Thompson, L., Procter, R., *Clin. Med.* 3:325, 1956.



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A graduating senior (see page 5)

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THE BULLETIN

of the School of Medicine
of the University of North Carolina

Published in cooperation with the Whitehead Medical Society
and the Medical Foundation of North Carolina, Inc.

Vol. IX

April, 1962

No. 4

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COVER PHOTO: *John D. Marriott, senior medical student from Battleboro, North Carolina. He is emerging from the Operating Room at the North Carolina Memorial Hospital wearing the familiar Scrub Suit.*

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Address all inquiries and communications to EMORY S. HUNT, 117 Medical Science Building—or Box 957, Chapel Hill, N. C.

*Published four times a year — October, December, February and April —
Entered as third-class matter at the Post Office at Chapel Hill, N. C.*

- C. The 14 bed special study or clinical research ward, the support of which has been made possible by the conversion of 5 South Ward through a 7-year institutional grant from the National Institutes of Health, was opened in January of 1962. This unit is under the direction of Drs. Walter Hollander, Jr., Associate Professor of Medicine, and Robert Zeppa, Assistant Professor of Surgery.
- D. Through a gift from the Sigma Sigma Sigma Sorority, which organization generously had made possible earlier the attractive and very valuable playroom and conference room for the Department of Pediatrics, the West Porch of the 7th (Pediatrics) Floor will be enclosed this summer and converted into a 12 bed isolation unit. This addition will improve very considerably the effectiveness of the pediatric and pediatric surgical services. These renovations and/or conversions will add 59 beds to the hospital capacity, bringing it to a total of 409, which, with the 100 beds in the affiliated Gravelly Sanatorium for chest diseases, will provide a total of slightly in excess of 500 beds under the patient care and teaching direction of the medical faculty.
- II. Among the many awards and recognitions of the faculty during the year, the following should be mentioned:
- A. Dr. Carl W. Gottschalk—Department of Medicine—American Heart Association Career Investigatorship for Life—in effect an endowed professorship.
- B. Dr. Herbert S. Harned—Department of Pediatrics—North Carolina Heart Association Research Professorship
- C. Dr. Morris A. Lipton—Department of Psychiatry
Dr. Judson J. Van Wyk—Department of Pediatrics
U.S. Public Health Service Research Career Awards.
- D. Dr. John K. Spitznagel—Department of Bacteriology
Dr. Robert D. Langdell—Department of Pathology
*Dr. Isaac M. Taylor—Department of Medicine
Dr. Arthur J. Prange—Department of Psychiatry
Dr. Martin H. Keeler—Department of Psychiatry
Dr. Edward Glassman—Department of Biochemistry
U.S. Public Health Service Research Career Development Awards
- *Also Coastal Plains Heart Association Research Fellowship
- E. Dr. William E. Lassiter—Department of Medicine—American Heart Association Established Investigatorship
- F. Dr. Kenneth M. Brinkhous—Department of Pathology—General University Distinguished Alumni Professorship
- III. The weekly two-way radio sessions with participation from the staffs of nine community hospitals was delayed in getting underway and has experienced technical and transmission difficulties in the University Radio Station from time to time. These difficulties now seem to have been overcome, and it is hoped that these teaching exercises will become increasingly valuable to our colleagues in various sections of the State as the program is expanded.

(Continued on Page 39)

THE CLASS OF 1962

KARL LEE BARKLEY: Karl is 29 and from Raleigh, N. C. He received his A.B. degree from U.N.C. in 1955. Class president. Wife is Alice and sons Skipper and David. Karl will intern at Charleston Medical College Hospital. He plans a residency in Ob-Gyn and subsequent practice in Piedmont, N. C.



ROBERT LOCKE BROWNING, JR.: Bob is 25 and from Monroe, N. C. Phi Chi. He received his B.S. degree from U.N.C. Wife is Sarah. Bob was honored with a Smith, Kline and French Foreign Fellowship to Nigeria, W. Africa his junior year. He plans a rotating internship at the University Hospital in Little Rock, Arkansas.



OSCAR H. BOLCH, JR.: Oscar is 26 and from Albemarle, N. C. He graduated from U.N.C. in 1957, receiving his A.B. degree. Wife is Cemita and daughter is Sanya. Oscar will do a rotating internship at the University of Tennessee Memorial Research Center and Hospital in Knoxville, Tennessee. Future plans are undecided.



FREDRIC ARLEN BURNEY: Fred is from Wadesboro, N. C. He is a U.N.C. graduate of 1959, receiving his B.S. degree. AKK. Fred and his wife Edith, along with Karen and Arlen, Jr. will move to Knoxville, Tennessee where he will do a rotating internship at the University of Tennessee Memorial Research Center and Hospital.



WILLIAM STUART BOST: Bill comes from Greenville, N. C. He is a 1958 graduate of U.N.C. where he received his A.B. degree. Single. Phi Chi. Bill will remain at NCMH for a straight surgery internship. His future plans are indefinite.



JOSEPH HANDEL CALLICOTT, JR.: Joe comes from Greensboro, N. C. He was graduated from U.N.C. in 1958 where he received his A.B. degree. Single. Joe will intern at Strong Memorial-Rochester Municipal Hospital in Rochester, N. Y., doing a straight pathology internship. His plans include a residency in pathology and possibly a future in academic pathology.



KARL EUGENE BOSTIAN: Gene is 25 and from Raleigh, N. C. He received his B.S. degree from N.C. State in 1958. Wife is Barbara Sue. Gene will intern in pediatrics at University Hospitals in Madison, Wisconsin. He plans to study for a Ph.D. in Medical Genetics, following internship.



ROBERT ASHE CARTER: Bob comes from Mars Hill, N. C. He graduated from Emory University in 1958 where he received his B.A. degree. He and his wife Jane will be in Indianapolis next year where Bob will do a straight surgery internship at the Indiana University Hospital.



* Edited by Mrs. Gerry Hartzog and Mrs. Karl Barkley.

TOLLIE BOYCE COLE: Boyce is 24 and from Acme, N. C. He received his B.S. degree from U.N.C. His wife, Ginny. Phi Chi. Boyce will do a straight surgical internship at the University of California in San Francisco and plans residency training in a surgical



specialty.

JESSE CLARENCE CRAVEN: Jesse is 26 and from Ramseur, N. C. He graduated from Duke in 1958 receiving his A.B. degree. Phi Chi. Wife is Jane and daughter is Lisa. Jesse will do a straight medical internship at the Medical College of Virginia in Richmond. Future plans are undecided.



LAWRENCE MCGILBRA CUTCHIN: Larry is from Whitakers, N. C. He is a 1958 graduate of U.N.C., receiving an A.B. degree. Phi Chi. He and his wife Margaret Louise will remain in Chapel Hill where Larry will do a mixed internship at NCMH. He plans a year's residency in pediatrics and two years in internal medicine.



GEORGE THOMAS DAVIS: Tom is from Burlington. Graduated from U.N.C. in 1958 with a B.S. degree. Married, with two children. He and his wife, Carole, will be living in Nashville, Tennessee, where Tom will be doing a rotating internship at the Baptist Hospital.



JERRY JAY ELLER: "J.J." is from Greensboro, N. C. and is a Davidson College graduate. He received his B.S. there in 1958. Single. Phi Chi. Jerry will do a straight medicine internship at Jefferson Medical College Hospital in Philadelphia, Pa. His future plans are uncertain.



AMOS RAY EVANS: Ray is 26 and from Greenville, N. C. He received his A.B. degree from U.N.C. in 1957. Wife is Pat and daughter Sandra Lyn. Ray will intern at the University of Tennessee Memorial Research Center and Hospital in Knoxville. Following a residency and service he plans a general practice in N. C.



GILES COWAN FLOYD: Giles hails from Charlotte, N. C. He is a graduate of Davidson College where he received his B.S. degree in 1958. Single. Giles will do a straight surgical internship at NCMH. His future plans include a residency in orthopedics.



THOMAS WILLIAM GABLE: Tom is from Goldsboro, N. C. He was graduated from U.N.C. in 1958 with an A.B. degree. Single. Phi Chi. He will do a rotating internship at the Philadelphia Naval Hospital in Philadelphia, Pa. next year. His future plans include a residency in OB-Gyn and a practice in N. C.



JAMES HARRISON GIBBS: Jim hails from Marion, N. C. He is a 1958 graduate of Wake Forest College where he received his B.S. degree. Phi Chi. He and his wife, Peggy, along with their four children, Jim, Ben, David and Blythe, will live in Augusta, Ga.



next year. There, Jim will do a straight surgical internship at the University of Georgia, Talmadge Memorial Hospital. He plans a residency in surgery and a practice in western N. C.

MARION WILSON GRIFFIN: Marion is from Davidson, N. C. He was graduated from U.N.C. in 1957 with an A.B. degree. He and his wife, Beth, along with their daughter, Elizabeth, will remain in Chapel Hill where Marion will do a straight surgery internship at NCMH. His future plans include a general surgery residency and a surgical practice in Piedmont N. C.



FREDERICK DELMAR HAMRICK, III: Fred is 28 and from Rutherfordton, N. C. A.K.K. He received his A.B. degree from U.N.C. in 1955. Single. Fred plans an internship in Pathology at N.C. Memorial Hospital.



HENRY GERARD HARTZOG, III: Gerry is 26 and from Raleigh, N. C. He received his A.B. degree from U.N.C. in 1958. Wife is Joy and daughters, Valerie and Sharon. Gerry will do a straight surgery internship at N.C. Memorial Hospital. Following residency and service he will practice general surgery in N. C.



RAY M. HAYWORTH: Ray is from Asheboro, N. C. In 1959 he was graduated from U.N.C. receiving his B.S. degree. Next year, Ray and his wife, Carol, along with their daughters, Deborah and Leslie, will be in Philadelphia, Pa., where Ray will do a rotating internship at the U.S. Naval Hospital. Ray plans a general practice or a practice in pediatrics in the future.



EDWARD M. HEDGPETH, JR.: Ned, a Chapel Hillian, is a 1958 graduate of Davidson where he received his B.S. degree. Phi Chi. Ned and his wife, Betty, will remain in Chapel Hill next year where he will do a surgical internship. His future plans include a residency in ophthalmology.



CHARLES M. HICKS: Charlie Hicks is from Wilmington, N. C. He attended U.N.C., graduating in 1958 with an A.B. degree. Phi Chi. Charles and his wife Frances along with their daughter Margaret, will move to Charleston, S. C. where he will do a rotating internship at the Medical College of S. C. He is planning a residency in either medicine or pediatrics followed by military service and a "family practice" in eastern North or South Carolina.



MOSES LAWRENCE KOURI, JR.: Larry is 24 and from Shelby, N. C. Single. He graduated from U.N.C. with a B.S. degree in 1958. Phi Chi. Larry will do a rotating internship at the Medical College of Virginia in Richmond. Future plans are undecided.



WILLIAM CARSON LATHAM: Bill is 24 and from Bethel, N. C. He graduated from U.N.C. with an A.B. degree in 1958. Wife is Elizabeth. Phi Chi. Bill will intern at the Medical College of Virginia in Richmond and plans a residency in OB-Gyn.



DANIEL PHILMON LAWING: Dan is 29 and from Lincolnton, N. C. He received his A.B. degree in 1958 from U.N.C. His wife is Pat and they have two boys, Mike and Bill. A.K.K. Dan plans a rotating internship at the Medical College of Virginia. Future plans are undecided.



ARTHUR SIMONTON LYNN, JR.: Artie is 26 and from Albemarle, N. C. He attended Davidson College, receiving his B.S. degree in 1958. His wife is Libbie. Artie will do a straight medicine internship at N.C. Memorial, and plans eventually to practice medicine in N. C.



WARD N. MADISON, JR.: Nick is from Asheville, N. C. He attended U.N.C., graduating with an A.B. degree in 1958. Phi Chi. Nick and his wife, June, will be in Winston-Salem next year where he will do a straight pathology internship at N.C. Baptist Hospital, after which he plans a residency in Pathology also at the Baptist Hospital.



JOHN DAUGHTRY MARRIOTT: John comes from Battleboro, N. C. He is a 1958 graduate of U.N.C. where he received his A.B. degree. Phi Chi. Next year John and his wife, Ellen, along with John, Jr., will be in Gainesville, Fla. where John will do a straight medicine internship at the University of Florida. His plans for the future include an internal medicine residency and a practice in eastern N. C.



REGINALD G. MASON, JR.: Reg comes from Henderson, N. C. In 1957 he graduated from U.N.C. with a B.S. degree. He and his wife, Grace, will remain in Chapel Hill next year where Reg will do a pathology internship at NCMH. He also plans a residency in pathology. Member AOA.



JOHN NEWTON McCORMACK: Newt is 25 and from Spindale, N. C. He received his B.A. degree from Duke University in 1958. Newt plans a straight medical internship at the Medical College of Virginia in Richmond and possibly a residency in ophthalmology.



EDWARD JAMES MILLER: Ed is 25 and from Crumpler, N. C. He received his A.B. degree from U.N.C. in 1958. Wife is Iva and son is Jim. Ed will do a rotating internship at Baptist Hospital in Nashville, Tennessee.



JOHN LAUHLIN MONROE: John is 26 and from West End, N. C. He received his A.B. degree from U.N.C. in 1958. Wife is Evelyn. John plans to intern at Geisinger Medical Center in Danville, Pennsylvania. Future plans are undecided.



ALLEN H. MOORE, JR.: Al comes from Greensboro, N. C. He is a 1950 graduate of U.N.C. where he received an A.B. degree. His wife is Cynthia. They have two children, Allen and Benjamin. Al will do a rotating internship at the Memorial Mission Hospital, Asheville, N. C., after which he plans a year's residency in general practice at MMH. His future plans are a general practice in western North Carolina.



KENNY JORDAN MORRIS: Kenny is from Newton Grove, N. C. He attended U.N.C. where he received a B.S. in 1959. Single. Phi Chi. Next year Kenny will do a mixed surgery medical internship at the Syracuse Medical Center in Syracuse, N. Y. He will probably enter radiology.



HELGA W. MUIZNIEKS: Helga is 35 and from Newton, N. C. She received her A.B. degree from Lenoir Rhyne in 1958. Helga plans a straight medicine internship at the Medical College of Virginia in Richmond. Following this she will do a residency in neurology.



WILLIAM JAMES MURRAY: Bill comes from Janesville, Wisconsin. He was graduated from the University of Wisconsin in 1959 with a Ph.D. in pharmacology and toxicology. His wife is Theresa; his sons, Michael and James. Next year Bill will do an anesthesiology internship at NCMH. His plans for the future include clinical pharmacology.



WILLIAM ARTHUR NEBEL: Bill hails from Charlotte, N. C. He is a 1958 graduate of U.N.C., receiving an A.B. degree. His wife is Ann, his daughter, Ann Marie. Phi Chi. Next year Bill will do a straight medicine internship at Duke. His future plans include an Ob-Gyn residency.



WILLIAM CLAYTON PATTON: Bill is from Charlotte, N. C. and a graduate of Davidson College where in 1958 he received his B.S. degree. He and his wife, Jean, will remain in Chapel Hill where Bill will do a straight surgery internship at NCMH. Bill plans a residency in orthopedics.



WILLIE GORDON PEACOCK: Gordon is 24 and from Benson, N. C. He received his A.B. degree from U.N.C. in 1958. A.K.K. A mixed medicine and pediatric internship is planned at N.C. Memorial Hospital. Following residency Gordon will do general practice in eastern N. C.



CARL SPENCER PHIPPS: Carl is from Wendell, N. C. In 1959, he graduated from U.N.C. with a B.S. degree. Carl and his wife, Ann, along with their daughter, Sandra, will remain in Chapel Hill next year where Carl will do a mixed medicine and pediatric internship. He plans a residency in medicine.



CARL GLENN PICKARD, JR.: Glenn comes from Asheville, N. C. He is a 1958 graduate of U.N.C. where he received his A.B. degree. Single. Phi Chi. AOA. Glenn will do a straight medicine internship at Presbyterian Hospital in New York City. He also plans a residency in Internal Medicine. Glenn was the 1961-62 president of the Whitehead Medical Society.



WILLIAM ROSS PITSER: Bill is 26 and from Raleigh, N. C. He received his A.B. degree from Davidson College in 1957. Wife is Amy and son is David Ross. Bill will intern at Syracuse University in surgery and future plans are undecided.



JAMES PATRICK PITTMAN: Pat is 26 and from Goldsboro, N. C. He received his A.B. degree in 1958 from U.N.C. Single. Pat will intern in medicine at Eugene Talmadge Memorial Hospital in Augusta, Georgia.



ALTON ALFRED REEDER: Alton is 27 years old and from Seagrove, N. C. He received his A.B. degree from U.N.C. in 1958. A.K.K. Wife is Linda. Alton will do a straight medicine internship at Eugene Talmadge Memorial Hospital in Augusta, Georgia and plans a residency in medicine.



JOHN FLINT RHODES: Flint is 24 and from Raleigh, N. C. He received his B.S. degree from U.N.C. A.K.K. and A.O.A. Wife is Ruth. Flint will do a straight surgery internship at Strong Memorial Hospital in Rochester, N. Y. He plans to continue with a surgical residency.



LAMBROS C. RIGAS: Sam hails from Charlotte, N. C. He graduated in 1954 from U.N.C. with an A.B. degree. A.K.K. Next year Sam will do a straight pediatrics internship at the Medical College of Georgia. His future plans are indefinite.



JUDITH FRANCES SALLE: Judy is from Washington, N. C. She is a 1958 graduate of Randolph Macon Women's College where she received her A.B. degree. Single. Next year Judy will do a rotating internship at the Philadelphia General Hospital in Philadelphia, Pa. Her plans for the future include an Ob-Gyn residency.



DAWSON EMERSON SCARBOROUGH, JR.:



Emerson comes from Yanceyville, N. C. He received his B.S. degree in 1959 from U.N.C. Single. Next year, Emerson will do a rotating internship at the Medical College of Virginia in Richmond, Va. His future plans are uncertain.

HARRY WHITE SCOTT:

Harry is from Greenville, N. C. He graduated from U.N.C. in 1959, receiving his B.S. degree. Phi Chi. His wife is Margaret. Harry will do a rotating internship at the University of Tennessee Memorial Research Center and Hospital next year. His future plans include a general practice residency and a general practice in N. C.



FULLER ADAMS SHUFORD:

Fuller is from Asheville, N. C. He was graduated from U.N.C. in 1958 with an A.B. degree. Single. Next year Fuller will do a straight medicine internship at Emory University Hospital in Atlanta, Georgia. His future plans include a residency in internal medicine with further training in Gastroenterology. Fuller plans to practice in western N. C.



JAMES FRANKLIN SMITH: Jim is from Murphy, N. C. and 27 years old. He received his B.S. degree from Western Carolina College in 1957. Single. Phi Chi. Jim plans a rotating internship in the U.S. Public Health Service, Baltimore, Maryland. After service plans are undecided.



MARION HARDIN SMITH:



Buck hails from Hampstead, N. C. He attended UNC and received a B.S. in Medicine in June 1959. Wife, Blakely. Will do an internship in medicine next year at the Medical College of Georgia Hospital (Eugene Talmadge Memorial) in Augusta, Georgia.

MIRIAM FRANCES SMITH: Penny is 27 and from Denver, N. C. She received her B.A. degree from Agnes Scott College in 1957. Penny plans a rotating internship at Grady Memorial Hospital in Atlanta, Georgia and probably a surgical residency.



RICHARD LEWIS TAYLOR:



"Doc" hails from Oxford, N. C. He received his A.B. from U.N.C. in 1958. Single. Phi Chi. Next year his family practice internship will be in Baltimore City Hospital. "Doc" plans a future general practice in eastern N. C.

MICHAEL HART TEMKO:

Mike hails from Greensboro, N. C. He is a 1958 graduate of Duke University where he received his A.B. degree. Single. Mike will do a straight medicine internship at the Boston City Hospital, after which he plans a residency in internal medicine.



HENRY CATLETT TURNER: Henry is 25 and from Greensboro, N. C. He graduated from U.N.C. in 1958 receiving his A.B. degree. Single. Henry plans a rotating internship at Charleston Medical College Hospital and future training in anesthesiology.



ROY VAN VARNER: "R.V." is 26 and from Lexington, N. C. He is a 1958 graduate of Duke University where he received his A.B. degree. Single. Roy will do a rotating internship next year at the Medical College Hospital in Charleston, S. C., after which he plans a residency in anesthesiology.



JOHN FRANCIS WARNER: Jack comes from Raleigh, N. C. He graduated from U.N.C. in 1958 with an A.B. degree. Phi Chi. He and his wife, Carol, along with John, Jr., will be in Richmond next year where Jack will do a straight medicine internship at Medical College of Virginia. He plans a residency in internal medicine.



DAVID THOMAS WATSON: "White Rat" hails from Raleigh, N. C. He is a U.N.C. graduate of 1958 where he received his A.B. Phi Chi. David and his wife, Gail, will live in Boston next year where he will do a straight medicine internship at The New England Center Hospital. He plans a residency in internal medicine.



ABNER CARR WITHERS: Abner is 24 and is from Spencer, N. C. He received his B.S. degree from U.N.C. in 1958. Single. A.K.K. Abner will be at Richmond next year doing a rotating internship at Medical College of Virginia. In the future he plans general practice in N. C.



LAWRENCE ZOLLICOFFER: Zolly is 31 and from Littleton, N. C. He received a B.S. degree from A&T College in 1948 and took his pre-medical training at U.N.C. Wife is Mary and son, Michael. Zolly will intern in the mixed program at Georgetown University in Washington, D. C.



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On The Distaff Side

by PEGGY GIBBS*

Most freshman medical students consider themselves "low man on the totem pole"—their wives know better. For those first few weeks, I'm sure there isn't one of us who didn't feel inadequate, ignored, unstable and downright superfluous! The only glory our medics brought home to us was the smell of formaldehyde and harassed expressions. All of that pre-registration anticipated prestige suddenly proved to be nonexistent—unless you happened to be blessed with having as a neighbor the wife of an undergraduate aspiring to be a medical student.

The cure came with the friendship of other freshmen's wives. They were just as intimidated by the faculty wives—and even the third and fourth year wives, whose husbands wore Whites—as you were! And though you never really believed your husband hated his home, wife, and kids, it was reassuring to find that, though he was one of a breed now, he basically was the same individual, somewhat ego-deflated, as before.

Not a week after my husband confessed that he was positive that if *one* of the 69 members of the class didn't make it, it would be *he*, a friend confided that it was agony to be the only idiot in the company of 68 geniuses. Remarks such as these tended to make one sympathetic to harassed faces, rather than offended by them, and by then "that" smell had become just one of so many household odors.

By Christmas of that first year I was actually beginning to feel like a participant—although I still wasn't sure of the *exact* difference between histology and physiology, I had learned to master an intelligent-enough expression to be considered a good listener and was, therefore, in. I had discovered, too, that my peers on the distaff side didn't think of me as an underling at all, merely as a novice—and I was beginning to feel more like a pro every day.

By the time the second year began, I had Adjusted. (Should any Novice read this little piece, I would advise you to do the same as quickly as possible. As there is absolutely nothing to be done about the smell and demeanor of your spouse in the first year, neither is it possible to adjust his frantic schedule of later years. You simply learn to worm your way into it!) The sense of belonging had by now become unbelievably strong. I was leading my own life (Novice, you have to!), plus the life of a medical student's wife, which was something else entirely. I found that I wasn't rejoicing—or suffering—with my husband alone, but with the whole class, and a majority of them didn't even know me! The stories I've heard on them and *their* peers during the course of these four years would fill a book, but there is one in particular that I've always treasured, and this may be my only chance to preserve it for posterity. When this second year group was finally given the high sign to start applying their accumulated knowledge, they were, of course, ecstatic, but superficially as smooth and sophisticated as any practitioner approaching retirement age. When the student considered by his colleagues to be undoubtedly the coolest met his first patient, his manner was flawless. But imagine, if you can, his

* Mrs. Gibbs is the wife of senior medical student James Gibbs.



chagrin when, upon opening his little black bag, he realized he would have to remove the cellophane from his shiny new instruments before proceeding with the physical!

One of the biggest milestones for the wife of a medical student is that first morning of the third year when her husband leaves home to "report for ward duty" in Whites. Many take snapshots to record this momentous occasion, but within weeks, as a rule, they wish they'd taken a few in "civvies" so they could remember what their husbands looked like *that* way! (Novice, if you happen to be the bride of a third year student, just go on home to mother and try again next year!) This was the year I discovered that I, the world's greatest coward, was in good company. The number of girls who slept—or didn't sleep—with guns, behind bolted doors, truly amazed me. My street, Purefoy Road, has become notorious due to the many attacks made on the residents of the weaker sex there during the past couple of years. While policemen cruised up and down the street, how many nights did I lie wide-eyed, imagining whole brigades of moccasined men creeping up my stairs! Another startling discovery I made that year was that it is *always* cold between 2:00 and 4:00 a.m., regardless of the season, when a phone call summons you to the hospital to take home an all-but-lifeless form. (Novice, if you keep the car just once a week and your husband is "detained" only once, the days will invariably coincide. And forget about telling him to call a cab. From past experience I can tell you they close shop at 1:00 a.m.)

The reward a wife receives for surviving the third year is the fourth. Gone are the trials of the first years. The Whites aren't quite so white any more, but neither is the wearer quite as green. Generally, we even know how many to plan dinner for! Our friends one echelon up tell us this is all to the bad—that we're entirely too spoiled now to have to face the internship year next. But that is the last thing we're worried about. After all, that's post-M.D., and then—for the distaff side of medicine as well as for the degree-bearers themselves—anything goes.

An Experiment In Brazil

by JAMES W. WOODS, M.D.*



Jangada—sea-going balsa raft used by fishermen of the Northeast of Brazil

For almost three years the Department of Medicine has been receiving a development grant from the Rockefeller Foundation and almost since its formation has had young Latin American physicians in training. For many years, the Rockefeller Foundation has had an active program of aid to Latin American medical institutions and has financed the U.S. studies of a large number of physicians from this area. A distressingly large percentage of these young men with good training in modern American hospitals return to their own countries, and lacking financial support, adequate facilities, and supervision by well-trained senior people, fail to realize their potential. It seemed possible, therefore, that a real service might be rendered by creating a two-way flow of personnel, i.e., in addition to having fellows in Chapel Hill, that members of the Department of Medicine might periodically serve as visiting scientists to a selected school or schools there.

In 1959, Dr. Charles Burnett visited schools in Colombia, Peru, Chile, and Brazil in order to assess the feasibility of such a program. It was found that a

* Dr. Woods is Associate Professor of Medicine at the University of North Carolina School of Medicine.

majority of these schools still operated along the lines of the French system with multiple chairs of medicine and that the clinical faculty served on a part-time basis only. However, in Cali, Colombia, and Sao Paulo, Brazil, were two schools, both subsidized by the Rockefeller Foundation, which use the American system and which were capable of benefiting from the proposed program. In 1960, Dr. Ernest Craige spent six weeks in Cali.

In September 1960, my wife, Marion, and I flew to Sao Paulo to study the practicality of taking the family there for six months while I served as visiting Professor of Medicine at the Escola Paulista de Medicina. We flew to Lima, Peru, with a brief stop in Panama. Lima is a delightful city nestled at the base of the Andes and facing the Pacific. Tourist attractions include the elegant Gran Bolivar Hotel; the glass-enclosed remains of Pizarro; the shops selling silver and the fur of the llama, alpaca, and vicuna; the Perichole's Palace so well described in Wilder's *The Bridge of San Luis Rey*; and, the lovely port of Callao. In a three-day side trip, we went to Cusco, the ancient capital of the Incas and to Machu Picchu, the hidden temple of the Incas. The latter is generally acknowledged to be the most spectacular sight in South America. To reach these latter spots, one flies by Faucett DC-4 (which is unpressurized) to 20,000 feet and over the rim of the Andean Cordillera, dropping then to 11,000 feet on the fertile high plateau of *altiplano*, where Cusco is situated. Machu Picchu is reached by small electric railway car, and lies hidden on a mountain peak on

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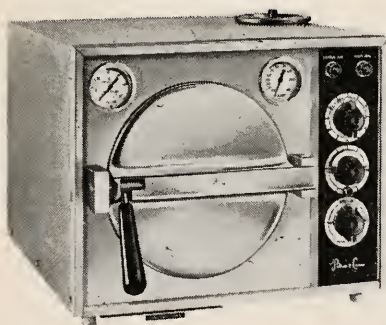
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the Eastern slope of the Andes. A few hours of bed rest initially, avoidance of heavy meals and alcohol, and the liberal use of aspirin prevented all of the symptoms of anoxia except mild dyspnea.

From Lima, the Boeing 707 flies over Lake Titicaca in Bolivia, the highest navigable body of water in the world at 12,645 feet, and across the endless Amazonian jungle to Sao Paulo near the Atlantic coast. Sao Paulo is a very modern city of 4 million people, the site of a giant industrial complex, and said to be the fastest-growing city in the world. After two weeks here and after making plans for the subsequent visit, we went on to Rio de Janeiro, Brazilia, the new capital, and Salvador, Brazil's oldest city. The latter is characterized by its large African influence.

On June 5, 1961, the family and Miss Bush, my research assistant, left for Brazil. After several days in Rio we moved on to Sao Paulo.

There were initial delays in renovation of a laboratory and arrival of our laboratory equipment by sea, but within about six weeks a routine had been established. Our 14-year-old daughter was in an English-speaking school; the two boys were attending a Portuguese-speaking, private Brazilian school; Marion was conquering the substantial problems of marketing and operating the house; and, Miss Bush and I were working steadily at the hospital.

Scientific medicine had its origin in Sao Paulo only about 50 years ago when a group of European professors were imported. One of these trained 17 of the men who now hold full professorships in the city's two medical schools. The Escola Paulista de Medicina was until recently a private school, but is now meagerly supported by the Federal Government with some help from the state of Sao Paulo. Three years of Rockefeller support has brought about a great improvement in facilities and personnel. There is a very modern joint Bio-

Sao Paulo skyline





*Machu Picchu—bidden fortress of
the Incas in Peruvian Andes*

chemistry-Pharmacology Department with good equipment and well-trained full-time staff; a new and modern library; and a group of about 14 young men in the clinical departments who are U.S.-trained and full-time. There was little contact with the remaining basic science divisions, which are largely staffed with full-time people. The remaining clinical faculty is composed of part-time people with varying backgrounds and training.

The clinical teaching and patient care were judged fair to good by U.S. standards. Modern techniques are being fully utilized, including the artificial kidney, cardiac catheterization, angiocardiology, left ventricular puncture, renal biopsy, and recently, the use of radioactive iodine and iron. Cardiac surgery is performed twice weekly, using extracorporeal circulation and hypothermia as indicated.



*Coffee drying—interior
of state of São Paulo*

The greatest deficiency is in basic and clinical research. This stems from lack of emphasis, resources, and trained personnel. It is the area in which University of North Carolina faculty can make their greatest contribution. Through encouragement, counseling of the young U.S.-trained men, and by helping them to obtain now-available U.S. Public Health Service Research Grants, an active research program may be possible.

About 65 students are admitted to the freshman class. They have a background of 4 years in Primary School, beginning at age 7, 4 years in the *Gynasio* and 3 years in the *Collegio* prior to entrance. They are selected solely on the basis of a written examination. The medical curriculum is of 6 years duration but recently the final year was converted into an internship, since the latter is not required by law. More of their instruction appears to be didactic than is the case in most U.S. schools. A defect is their concentration on a subspecialty early in their medical school career since only now are residency training programs becoming accepted and available. A handicap is the profusion of Catholic religious holidays which are constantly interrupting their work.

The hospital wards always contain a great variety of interesting medical problems. This is a charity hospital and intestinal parasites are universal. Always there were many cases of Chagas' disease and shistosomiasis. In addition, there were a very large number of patients with congenital heart disease, rheumatic fever, hypertension, acute glomerulonephritis, nephrotic syndrome, and cirrhosis.

The language barrier was real, but not a severe obstacle. All of us spoke some Portuguese and a large number of the staff and students speak English. In fact, they preferred that we speak English in order that they might increase their facility with the language.

After six months of living and working with the hospitable Brazilians, extensive travels around Brazil, and completion of our clinical research project, we consider the time well spent and to have been profitable and educational for the entire family.

It appears that continuation of the relationship between the schools on a long-term basis could be worthwhile. This will depend on continued Rockefeller support and on political stability in Brazil. The resignation of Janio Quadros in August 1961 was a national tragedy. While having enormous natural wealth and potential, its leaders and privileged class have not brought about essential social, tax, and agrarian reforms, and violent change is a possibility.

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Doctor Tayloe Is Honored

John Cotten Tayloe Day was recently observed in Beaufort County when a school was named in honor of the Washington physician and some 1,000 of his friends were on hand to pay him honor.

"Dr. John," as he is affectionately known to his friends, is a member of the Medical School Class of 1920 and is a member of the UNC Board of Trustees.

A portrait of Dr. Tayloe hangs in the new school and was unveiled during the dedication ceremonies. The portrait was presented by the doctor's nieces and nephews.

Leon Thompson, chairman of the Board of Education, officially named the school the "John Cotten Tayloe School" during the exercises. The new 12-room building is located in the northwest section of Washington.

E. A. West, school superintendent, announced that Dr. Tayloe had recently given the school \$8,000. This sum of money will be used for an additional classroom or a library for the school. The new room or library will be in honor of Dr. Tayloe's wife, Mrs. Bernice Batts Tayloe.

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What Does the Hospital Chaplain Do?

by FRED W. REID, JR.



What Clifford Beers did for the mental health movement in this country, Anton T. Boisen did for Clinical Pastoral Education. Both of these men shared a common problem; they became mentally ill. Yet their concern for their fellow man and his problems expressed itself in such a way that it must have facilitated their recovery to an appreciable degree. Just after the turn of the century when Beers recovered from his illness he wrote a book, *The Mind That Found*

* Mr. Reid is Hospital Chaplain at North Carolina Memorial Hospital.



A typical situation in which the family of a patient who is undergoing neurosurgery talk with the Chaplain in his waiting room. The family has their pastor with them (left.)

Itself. It was through his influence and insight into human need that the first mental hygiene society was founded.

A few years following this in the early 1920's a Congregational minister, Anton T. Boisen, became mentally ill and was taken to Worcester State Hospital in Massachusetts. In the darkness and isolation of his illness he called for a chaplain, for he felt that his extreme distress could best be understood in terms

of religion—but there was no chaplain. As he began to recover he jotted down notes about the interrelationship of mental illness and religious experience. He was convinced that the Christian Faith had something constructive to offer the person undergoing such a devastating experience. Within a few years after his recovery Boisen became chaplain of this mental hospital, marking the beginning of his leadership in Clinical Pastoral Education and more specifically in the field of religion and psychiatry.

Within a period of ten years a similar movement started in the general hospital under the leadership of Dr. Richard C. Cabot of Harvard Medical School and the Rev. Russell L. Dicks, then chaplain at Massachusetts General Hospital in Boston. Together they wrote, *The Art of Ministering To The Sick*, which illustrated the values of the doctor-minister relationship in treating the patient. Soon after this, the movement of Clinical Pastoral Education began to make its impact upon the country.

The first Association of Hospital Chaplains was formed in 1945 with only a handful of trained men. Today practically every theological seminary has as a part of its curriculum a course in Clinical Pastoral Care with many of these schools making it possible for their men to train in the setting of general hospitals, mental hospitals and various rehabilitation centers. As a result of a growing concern with psychosomatic problems and a desire to treat the patient as a whole person, the majority of our larger hospitals already have or are in the process of acquiring a hospital chaplaincy program.

In order for a person to qualify to serve in the capacity of hospital chaplain, there is a prescribed course of training through which he must go. In addition to his college and theological studies, he must complete a period of study ranging from one to three years. These years of postgraduate work involve usually a graduate degree and a clinical internship in a medical center. This training consists of supervised clinical work in a general hospital, mental institution and study in a theological school. The result is that the chaplain gains a medical orientation to the clinical setting where he applies and attempts to understand theology. With the passing of each year there is an increasing number of centers where ministers can train for the hospital chaplaincy. The following are but a sample. At the Texas Medical Center in Houston there is the Institute of Religion which has a very adequate facility and staff for providing clinical training. The Menninger Clinic in Kansas trains many ministers each year in the art of ministering to the mentally sick. In our own state the Baptist Hospital at Winston-Salem has a School of Pastoral Care.

At our neighboring institution, Duke Medical Center, there is a growing and developing program for Clinical Pastoral Education. This program was conceived by Chaplain Russell L. Dicks, whom I have mentioned, and is now under the able direction of Chaplain Paul Wesley Aitken. It was here that I received my clinical training for the chaplaincy.

In August of 1961 the North Carolina Memorial Hospital added to its staff the position of hospital chaplain. This was made possible through action taken by the legislature which also allocated funds for the position. Thus the hospital chaplaincy represents no particular faith or denomination but attempts to minister to the religious needs of persons. This work, of course, necessitates a very close relationship with ministers of all faiths and denominations. Whenever some specific minister or faith is requested by the patient, the chaplain is available to make such a contact.



In cooperation with Dr. Richard Peters, Chaplain Reid talks with Mr. and Mrs. Hilderbrand, whose daughter is undergoing open-heart surgery.

In the months which have followed my joining the staff, the Women's Hospital Auxiliary has been most gracious in giving both time and money. They have been instrumental in equipping and redecorating the Chaplain's office as well as providing a volunteer hostess service for the waiting room. This waiting room, which is located just off the main hospital lobby, offers a more comfortable facility which serves many purposes. Here the physician can talk privately with the family of a patient; the pastor can minister to his parishioners; the chaplain can bring grief-stricken families to this area, which not only relieves the hospital ward situation but offers the family needed seclusion. Along with the Auxiliary a number of church and civic groups of Chapel Hill have enthusiastically shared in what is going on. Together they have made possible a small discretionary fund with which the Chaplain is able to meet some of the patients' needs.

Frequently the question is raised, "What does the Hospital Chaplain do"? In an effort to explain the function of the Hospital Chaplain, the following is a statement from the administrative policy of the hospital: "The Hospital Chaplain will help the patient and/or family member make positive, healthy use of his religious beliefs, faith, philosophy of life, etc. in accepting and handling what is happening to him in his hospital experience."

In one sense this very adequately covers the range of the Chaplain's work. He is a part of the medical team and attempts to relate his work to the task of ministering to the patient as a whole person. Certainly, this is not to say that everyone who comes to the Hospital has problems, but just about everyone has concerns. Often in the face of illness these normal concerns lose their perspective and become grave problems with which the person must deal. To many persons illness becomes a combination of pain, fever and fatigue which sometimes results in a feeling of isolation not only from their fellow man but from God. It becomes the task of the Chaplain to help such persons understand and accept what is happening to them. A person must first be helped to feel that there is someone else who is concerned and wants to share this experience with him before he can feel that God is concerned and will be with him.

In contrast to the minister who primarily uses the pulpit or the seminary professor who utilizes the classroom, the hospital chaplain concerns himself with the dynamics of interpersonal relationships in a counseling ministry with patients.

It has been correctly stated, I believe, that there is more serious thinking per square foot in a hospital than any other one place. Frequently, the Chaplain is called into a case by a staff member to help a person deal with his anxiety just prior to some major operative procedure which may threaten life or earning capacity or both. The "props of life" are figuratively knocked out from under the parents who have just been told that their child has terminal leukemia. They ask God, "Why our child"? These are difficult times and per-

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sons need all the strength they can get from their faith and religious resources in order to go through an experience. Many times a patient will know that he has an irreversible disease which will be terminal, and he calls upon the Chaplain to help him "work through" his fears, hopes and feelings about death. The Chaplain also works with families at the time of death as they begin the grief process in an effort to show human concern which of necessity must be known and experienced before a person could ever feel that God was concerned about him.

The Bible becomes the perfect case book of this kind of ministry, for here we read of God who "forgiveth all thine iniquities and healeth all thy diseases." The Bible is filled with the same spirit that causes the hospital to function—a concern for the whole person. Man cannot be parceled into units of body and mind and soul. He is a body-mind-soul entity and must be treated accordingly.

Any understanding of the life of Jesus Christ will reveal the fact that he was concerned about the whole person and that person's health—both spiritual and physical. Modern medicine has its roots deep in the soil of concern and compassion that reach out beyond the barriers of race, creed or color. When medicine loses this, it fails. When religion loses this, it also fails.

Chaplain Reid talking with one of the volunteer hostesses about the religious file which is kept in the Chaplain's Office.





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ALUMNI NEWS ITEMS

CLASS OF 1934

Dr. Julien H. Meyer, '34, and Dr. Luther J. Hamlett announce the removal of their office for the practice of obstetrics and gynecology to: 101 Medical Center Building, 127 McClanahan Street, S.W., Roanoke, Virginia.

CLASS OF 1946

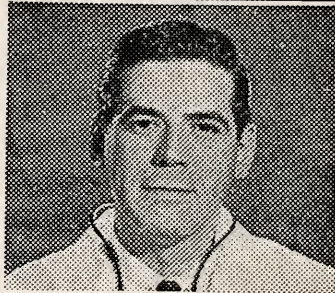
Dr. Ira A. Abrahamson, Jr., an instructor in Ophthalmology, University of Cincinnati School of Medicine, has a book entitled "Know Your Eyes" in the process of being published. Author of over 35 ophthalmic publications, he was recipient of the Gold Award, 1st in teaching, on an exhibit entitled, "Know Your Eyes," presented at the Ohio State Medical Meeting last year. The exhibit was also shown at the A.M.A. meeting in Denver and is to be displayed at the A.A.G.P. meeting in Las Vegas. Dr. Abrahamson married the former Miss Linda Aloe and they have one son, Richard Ira (Ricky) born in April of last year.

CLASS OF 1961

Dr. William M. Clarke, son of Mr. and Mrs. M. J. Clarke of Fayetteville, has been chosen as one of the 20 recipients of the Wyeth Pediatric Fel-

lowship Awards with an annual stipend of \$2400 effective next July 1. Dr. Clarke received his M.D. degree from UNC last June and is doing a straight pediatric internship at N.C. Memorial Hospital.

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DR. CLAYTON E. WHEELER, JR.

Dr. Wheeler is one of the newer members of the faculty, having joined this year from the University of Virginia School of Medicine where he was professor of dermatology and syphilology. His position here is that of professor of dermatologic medicine.

With the exception of a year at San Mateo Junior College, Dr. Wheeler was educated at the University of Wisconsin, his M.D. degree being awarded in 1941.

Dr. Wheeler holds membership in a number of honorary fraternities; among them are Phi Beta Kappa, Alpha Omega Alpha and Sigma Xi.



He did a rotating internship at the Cincinnati General Hospital, 1941-42; was resident and instructor in internal medicine, University of Michigan, 1942-44; was research fellow in endocrinology and metabolism, University of Michigan, 1947-48 and was resident and instructor in dermatology and syphilology at the same school from 1948-51.

He became assistant professor of dermatology and syphilology at the University of Virginia in 1951 and was professor in this field when he accepted an appointment here.

He is certified by the American Board of Internal Medicine and the American Board of Dermatology and Syphilology. He served with the U.S. Army from 1944 to 1947 and at the time of his discharge was chief of the medicine service at Station Hospital at Camp Carson, Colo.

Dr. Wheeler is married to the former Miss Brooks Overton of Sanford and they are the parents of three daughters.

He has written extensively for professional publications and is the author of numerous articles appearing in journals and texts.

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THE FACULTY ♦ ♦ ♦

DR. PAUL L. BUNCE

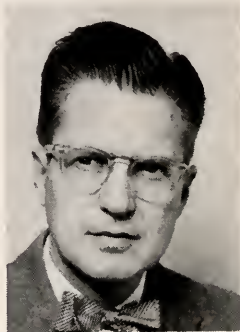
Dr. Paul L. Bunce, a native of North Dakota, received his undergraduate education at Oberlin College and his medical degree was awarded by the University of Chicago in 1942.

Following a year's internship in surgery at the University of Chicago, he served three years with the U.S. Army. Returning to civilian life in 1946, he served as an assistant instructor in pharmacology at the University of Pennsylvania. In 1948-49 he was an intern in urology at the Brady Urological Institute of Johns Hopkins University.

The following two years he was assistant resident and resident at the same institution, and became instructor in urology there in 1951.

Dr. Bunce is one of the older (in service) of the clinical faculty here, having joined the faculty in 1952, the same year patients were first received at N.C. Memorial Hospital. He has been assistant professor, associate professor and is now chief of the Division of Urology.

He is the son of Mr. and Mrs. Paul F. Bunce and is married to the former Miss Anne Gregory of Syracuse, N. Y. They are the parents of two children.



(Continued on page 39)

DR. CHARLES WRIGHT HOOKER

Dr. Hooker has been professor of anatomy and chairman of the Department of Anatomy since 1949. A native of Virginia, he received three degrees from Duke University, his Ph.D. degree being awarded in 1933. He is married to the former Miss Elma Black of Bamberg, S. C. and they are the parents of two children.



Dr. Hooker was a research fellow at the University of Rochester and at Duke University before becoming an instructor in anatomy at Tulane University in 1936.

After a year at Tulane he joined the faculty of Yale University, where he remained until 1948, holding the academic position of associate professor of anatomy. The year prior to coming to Chapel Hill, he was professor of cytology at the Emory University School of Medicine.

Among the professional societies in which he holds membership are: American Association for the Advancement of Science (Fel-

(Continued on page 39)

More Tar Heel Med Students Attend UNC

Of all North Carolinians entering medical schools in this state during the current academic year, over one-half of them entered the University of North Carolina School of Medicine.

This and other data concerning medical schools enrollment is presented in the 61st annual report of the Council on Medical Education and Hospitals of the American Medical Association.

This past September 130 residents of North Carolina began medical studies. Of these 103 entered the three medical schools of North Carolina, UNC, Duke and Bowman Gray.

Of this 103, a total of 60, or 58 per cent, were freshmen at the UNC School of Medicine, which represents 46 per cent of the total state residents who entered all medical schools last year.

The remaining 27 students who began the study of medicine outside the state were distributed among 15 medical schools throughout the East and South.



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Distinguished service awards were presented to four physicians and one layman by the Alumni Association of the UNC School of Medicine on Alumni Day.

The layman was State Rep. John W. Umstead, Jr., UNC '09, of Chapel Hill, chairman of the State Hospitals Board of Control. Umstead is often referred to as "Mr. Mental Health of North Carolina."

The four other men to receive the awards were Dr. William N. Hubbard, '43 M, of Ann Arbor, Michigan, dean of the University of Michigan Medical School; Dr. Augustus S. Rose, '30, chief of the Division of Neurology at the University of California at Los Angeles School of Medicine; Dr. Samuel F. Ravenel, UNC '18, chief of pediatric services at Cone Memorial Hospital in Greensboro; and Dr. James P. Rousseau, '16, clinical professor of radiology at the Bowman Gray School of Medicine in Winston-Salem and past president of the North Carolina Medical Society.

In other action at the annual dinner, the medical alumni group installed Dr. Harry L. Brockmann, '15, of High Point as president. He succeeded Dr. Hugh A. McAllister, '35, of Lumberton.

Earlier in the day the group elected its new officers for 1962-63. Dr. Raymond L. Pittman, '08, of Fayetteville was chosen president-elect, Dr. Charles Graham, '30, of Wilmington was chosen vice president and Miss Virginia Dunlap of Chapel Hill was named secretary. Chosen as counsellors were

(Continued on page 39)

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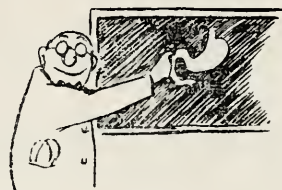
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OB-GYN

Dr. Robert A. Ross, Professor and Chairman of the Department of Obstetrics and Gynecology, served as visiting professor at Columbia University School of Medicine, from February 26 through March 3. Dr. Ross lectured at Sloan Hospital for Women. Dr. Ross also served recently as a member of the Guest Faculty of the Nebraska Center for Continuing Education at the University of Nebraska College of Medicine for a postgraduate course in obstetrics and gynecology.

Two faculty members served as examiners at a meeting of the American Board of Obstetrics and Gynecology on April 8-14. They were Dr. Ross and Dr. Leonard Palumbo, Associate Professor of Obstetrics and Gynecology.

Dr. Luther Talbert, Assistant Professor of Ob-Gyn, will participate in a postgraduate symposium in Obstetrics and Gynecology at the University of Missouri School of Medicine on April 30. As a featured speaker, Dr. Talbert will discuss "Acquired Coagulation Defects of Pregnancy." He will also take part in a panel discussion entitled "Third Trimester Bleeding."

DEAN'S MESSAGE

(Continued from Page 8)

IV. Over the past few months, a Joint Committee of the College of Arts and Sciences and the Medical Faculty has been engaged in an objective and thoughtful review of preprofessional education for medicine. It is hoped that from this study worthwhile improvements can be made in the education of students preparing for medicine.

This year marks the end of the first decade of the expanded Medical School. In spite of those problems inherent in every medical school and its university hospital in the initial period, the achievements of this University Medical Center in teaching—undergraduates and graduates—in patient care and in research have been significant and, on the whole, extremely gratifying.

It is of very real importance that during this decade almost 50 per cent of all North Carolinians, who have entered medical school, have gone to the University of North Carolina, and this number represents more than the total entering the other medical schools within the State. At the same time, it must be made clear that non-residents are encouraged to apply for admission because of the obvious benefits to the student body and eventually to the State.

Even though the accomplishments of this decade have been significant, there is, and should always be, a continuing degree of dissatisfaction—a very healthy symptom—with what might have been and could be accomplished for the advancement of medicine in its various dimensions. Accordingly, it is essential at this time for the faculty and administration of the Medical School to review as objectively and critically as possible all of our present undertakings

in order to plan constructively and intelligently for the greater opportunities in the decades ahead.

We sincerely hope that the alumni, friends, and members of the Medical Parents Club will join wholeheartedly in the University's efforts to secure funds for buildings from the 1963 General Assembly and from foundations, corporations, and individuals. More adequate space continues to be the greatest need. Its lack is the greatest handicap in the School's development and progress.

W. REECE BERRYHILL, M.D.

DR. BUNCE

(Continued from page 35)

Dr. Bunce is a member of the leading national and area professional organizations. Among the area organizations in which he holds membership are: Durham-Orange County Medical Society, North Carolina Medical Society, North Carolina Urological Association, Southeastern Section of the American Urological Association and the Elisha Mitchell Scientific Society.

DR. HOOKER

(Continued from page 35)

low, 1941), American Association of Anatomists (Executive Committee, 1956-60), American Association for Cancer Research (Secretary-Treasurer, 1945-51), and the New York Academy of Sciences (Fellow, 1962).

AWARDS PRESENTED

(Continued from page 37)

Dr. L. E. Metcalf, '40, of Asheville, Dr. Corbett Howard, '23, of Goldsboro, and Dr. Mary Margaret McLeod, '32, of Sanford.

Chancellor W. B. Aycok, who cited the urgent need for additional facilities for the Medical Center, served as the principal speaker for the Annual Alumni Dinner.

PARENTS' CLUB AFFAIRS

A large number of parents and friends of medical students at the UNC School of Medicine attended the sixth annual Parents' Day on Saturday, April 14.

In connection with the annual event, there was a meeting of the UNC Medical Parents' Club, followed by regional meetings of parents.

After a 9:30 a.m. registration and tours of the School of Medicine and Hospital, the annual business meeting of the club was held. Harry L. Riddle of Morganton, president, presided. Dr. W. R. Berryhill, Dean, welcomed those attending and expressed the appreciation of the School for the splendid support given by the Club. He spoke briefly of the history of the School, cited numerous awards and honors received by the faculty and outlined some of the achievements of the school and its graduates. He urged the continued efforts of all parents to help the school secure funds from the next legislature and from private sources for urgently needed additional facilities.

A report on the club's student emergency loan fund was given by Mrs. Zebulon V. Weaver of Asheville. She advised that \$6,149 had been contributed to the Fund and that 44 loans averaging some \$200 each had been made to date to help students over emergencies. She urged continued support of the Fund by the parents.

C. Glenn Pickard, President of the Medical School student body, voiced the appreciation of the students for the sympathetic understanding and support given the school by the Parents' Club.

New officers elected for 1962-63 are as follows:

General officers—President: H. L. Pitser, Raleigh

First Vice-President: C. C. Dudley, Huntersville

Second Vice-President: J. C. Cowan, Greensboro

Secretary: Howard Holderness, Greensboro

Regional chairmen (Chairmen and Vice-Chairmen listed in order):

Region I: S. M. Blount, Washington; Llewellyn Phillips, Morehead City

Region II: Frank Cella, Raleigh; Dr. Robert Croom, Maxton

Region III: H. H. Aderhold, Greensboro; L. O. Branch, Durham

Region IV: W. T. Harris, Charlotte; Robert Lee Johnson, Hickory

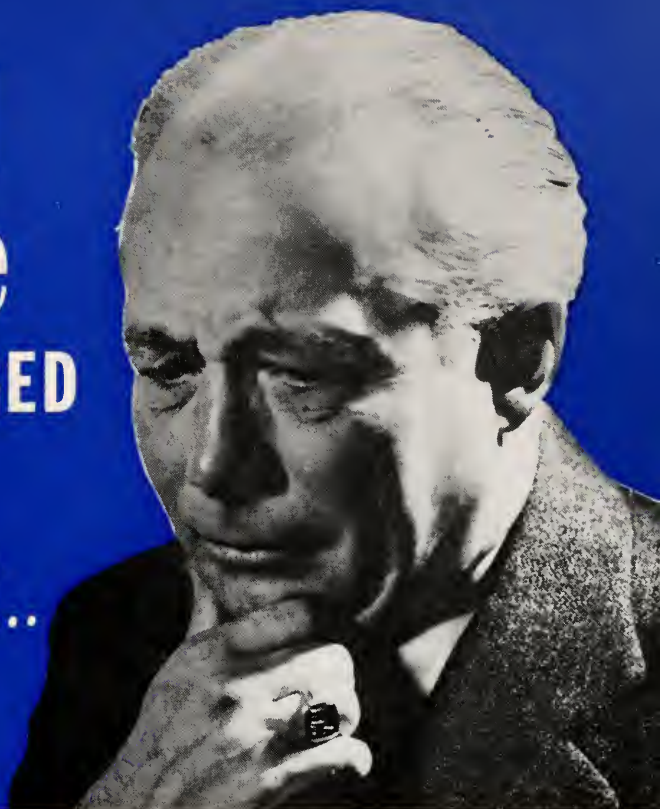
Region V: C. G. Pickard and Wm. F. Algary, Asheville

Named to a second term as a trustee of the Student Emergency Loan Fund—Mrs. Zebulon Weaver, Jr.

A program of student presentations followed. Participants were: Giles C. Floyd and Robert L. Grubb, Jr., of Charlotte; John B. Hammett, Pennsboro, W. Va.; David B. Gillis, Jr., Mt. Olive; Ernest W. Hunt, Jr., Daytona Beach, Florida; Augustus S. Rose, Jr., of Beverly Hills, California; and Robert L. Browning of Monroe.

After the regional meetings, the group enjoyed box lunches out of doors in rear of the hospital.

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***Reference:** Levy, S., *Pharmacological Treatment of Aged Patients in State Mental Hospitals*, J.A.M.A., 153:14, Pages 1260-1265, Dec. 5, 1953.
Thompson, L., Procter, R., *North Carolina M. F.*, 15:596, 1954.
Thompson, L., Procter, R., *Clin. Med.* 3:325, 1956.



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